FEC FORM 1	STATEMEN ORGANIZ		PAGE 1 / 12
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
ADDRESS (number and stree	t) 4111 BRIDGEWAY AVENUE		
Check if address (Check if address is changed)			OH 43219 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADI	DRESS		
(Check if address is changed)	bferrell@netjets.com		
	Optional Second E-Mail Ado jbeale@netjets.com	lress	
(Check if address is changed)			
2. DATE 07 /	25 / Y Y Y Y 2019		
3. FEC IDENTIFICATION		00481309	
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)	
I certify that I have examine	ed this Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treas	surer Ferrell, Bradley, T., ,		
Signature of Treasurer	Ferrell, Bradley, T., ,	[Electronically Filed]	Date 07 / 25 / 2019
NOTE: Submission of false, e		may subject the person signing th ON SHOULD BE REPORTED W	nis Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

Image# 201907259151657682

07/25/2019 11 : 03

-	—
FEC F	orm 1 (Revised 02/2009) Page 2
TYPE OF	COMMITTEE
Candidat	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. (Complete the candidate information below.)
Name of Candidate	
Candidate Party Affilia	tion Office Sought: House Senate President District
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	mmittee:
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party
Political	Action Committee (PAC):
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	Corporation Corporation w/o Capital Stock
	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 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.)
Joint Fun	draising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Cor	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

NETJETS INC. PAC

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

BNSF RAILWAY (COMPANY RAILPAC (BNSF RAILPAC)									
Mailing Address	P.O. Box 961039									
	Suite 220									
	Fort Worth	TX	76161							
	CITY	STATE	ZIP CODE							
Relationship: Connected Organization 🗴 Affiliated Committee Joint Fundraising Representative I 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.

Ferrell, Bra	adley, T., ,
Full Name	
Mailing Address	4111 Bridgeway Ave.
	Columbus OH 43219 - - - -
Title or Position	CITY STATE ZIP CODE
General Counsel	Telephone number

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	Ferrell, Bradley, T., ,
Mailing Address	4111 Bridgeway Ave.
	Columbus OH 43219
	CITY STATE ZIP CODE
Title or Position PAC Treasurer	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Beale, Jennifer, E., ,
Mailing Address	4111 Bridgeway Ave.
	Columbus OH 43219
	CITY STATE ZIP CODE
Title or Position	Jirer 614 239 5500 Telephone number 1 1 1

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.

US Bai	nk		
Mailing Address	166 N. Hamilton Rd.		
	Gahanna	OH 43230-2	2679
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

FEC	Form	1S	(Revised	02/2017)	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or	(h). Joint Fundraising	Participant:		
	1		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number	
6. I	-	Drganization, Affiliated Committee, Joint Fundra		onsor
	Mailing Address	P.O. Box 425		
		Fort Worth	TX 76101	
	Relationship:	CITY 🔺	STATE ▲ ZIP CODE ▲	
	Connected	Organization X Affiliated Committee Joint	Fundraising Representative	Sponsor
8. C	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION		STATE ▲ ZIP CODE ▲	
		Tel	ephone Number	
_				

Name of Bank, Depository, etc.		<u> </u>																						
Mailing Address																								
						С	ITY	^					S	ΓAT	Ε			2	ZIP	C	OD	E	•	

FEC Form 1S (Revised 02/2017)	Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1

5(g) or (h).	Joint Fundraising Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
6. Name	of Any Connected Organization, Affiliated Committee, Joint Fundrais	sing Representative	, or Leadership PAC Sponsor
Go	vernment Employees Insurance Company Political A	ction Committe	

Mailing Address	One GEICO Plaza			
	Washington			20076
Relationship:	CITY 🔺		STATE 🔺	ZIP CODE
Connected	Organization X Affiliated Committee	Joint Fundraisin	g Representative	Leadership PAC Sponsor

Designated Agent: Identify by name, address (phone number - optional) 8.

Full Name																											
Mailing Address	L																										
																				L					- [
TITLE OR POSITION	•				(CIT	Y									S	TAT	Έ				ZIP	C	OD	E		
												Те	lepl	hor	ne	Nur	nbe	ər			 - L				- [

Name of Bank, Depository, etc.																						
Mailing Address																						
																				- [_		
				С	ITY	^					S	TAT	Έ			2	ZIP	C	DC	E	•	

FEC	Form	15	(Revised	02/2017)
I LO	I UIIII	10	(LIEVISEU	02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g)	or (h). Joint Fundraisir	ng Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
6.	-	Organization, Affiliated Committee, Joint Fundra		, or Leadership PAC Sponsor
	McLane Compan	y Inc. Federal Political Action Commit		
	Mailing Address	4747 McLane Parkway		
		l Temple	ТУ	76503
	Relationship:			
8.	Connecte		L L L STATE ▲	
8.	Connecte	CITY ▲ d Organization	L L L STATE ▲	
8.	Connecte Designated Agent: Identif	CITY ▲ d Organization	L L L STATE ▲	
8.	Designated Agent: Identif	CITY ▲ d Organization	L L L STATE ▲	
8.	Designated Agent: Identif	CITY ▲ d Organization	L L L STATE ▲	
8.	Designated Agent: Identif	CITY A	L L L STATE ▲	
8.	Connecte Con	CITY A CITY A d Organization Affiliated Committee Joint y by name, address (phone number – optional)	U U U U U U U U U U U U U U U U U U U	

Name of Bank, Depository, etc.																									
Mailing Address	Ĺ																								
						С	ITY	^					S	ΓAT	Έ			2	ZIP	C	DD	E 🔺	L.		

FEC	Form	1S	(Revised	02/2017)
			(11001000	02/2011/

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint	Fundraising	Participant:
0(9) 01 (11).		i analaionig	i ai cioipaine

1	FEC ID number	С
2.	FEC ID number	C
3.	FEC ID number	C
4	FEC ID number	С

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

Mailing Address	666 Grand Avenue			
	P.O. Box 657			
	Des Moines			50306
Relationship:	CITY 🔺		STATE A	ZIP CODE
Connected (Drganization X Affiliated Commi	e Joint Fun	draising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																												
Mailing Address	L																											
	L																											
	L												1						L						- [_			
TITLE OR POSITION	▼				C	ידו	Y A	•							S	TAT	Ε					ZIP	C	OD	E 🔺	•		
											Те	lep	hor	ne I	Nur	nbe	ər				·L				- [_			

Name of Bank, Depository, etc.																									
Mailing Address	L																								
	L									1															
					С	ITY							ST	AT	E			2	ZIP	СС	DD	E 🔺			

FFC	Form	1S	(Revised	02/2017)
	1 01111	10	(I ICVISCU	02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint	Fundraising	Participant:
--------------	-------	-------------	--------------

1	FEC ID number	С
2.	FEC ID number	C
3.	FEC ID number	C
4	FEC ID number	C

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

	iy Energy Compa	Iy I / C			
Mailing Address	666 Grand Avenue				
	P.O. Box 657				
	Des Moines			IA 5030	²⁶ − − ,
Relationship:		CITY 🔺		STATE A	ZIP CODE
Connected	Organization X Affiliate	ed Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name											
Mailing Address											
TITLE OR POSITION		STATE A	ZIP CODE								
Telephone Number -											

Name of Bank, Depository, etc.																							
Mailing Address	L																						
	L																						
	L															L					. [
					C	۲I	(🔺					S	TA	E.				ZIP	C	DD	E		I

FEC Form 1S (Revised 02/201	Optional Supplemental I17)for Lines 5(g) or (h), 6, 8		Page <u>10</u> of <u>12</u>
g) or (h). Joint Fundraising	Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	rganization, Affiliated Committee, Joint Fun CIFIC POWER/ROCKY MOUNTA		e, or Leadership PAC Sponsor
Mailing Address	825 N E MULTNOMAH SUITE 2000 LCT		
			97232
Relationship:		STATE A	ZIP CODE
Connected C	Drganization X Affiliated Committee Joi	nt Fundraising Represent	ative Leadership PAC Sponsor
Designated Agent: Identify b	y name, address (phone number - optional)		
Full Name			
Mailing Address			
TITLE OR POSITION ▼	, CITY 🔺	STATE A	ZIP CODE
	1	Telephone Number	

Name of Bank, Depository, etc.																							
Mailing Address	L																						
	L																						
																L					- [
					С	Π	∕▲					S	TAT	Έ			2	ZIP	C	OD	E 🖌		

FFC	Form	1S	(Revised	02/2017)
			(11001000	02/2017/

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint	Fundraising	Participant:
--------------	-------	-------------	--------------

	er C
2 FEC ID number	er C
3 FEC ID number	er C
4.	er C

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

Mailing Address	4111 Bridgeway Avenue									
Ū										
	Columbus		OH 43219	9-1882						
Relationship:	CITY 🔺	S		ZIP CODE						
Connected Organization										

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name				
Mailing Address				
TITLE OR POSITION	7	CITY A	STATE A	ZIP CODE
		Telephon	e Number	

Name of Bank, Depository, etc.																												
Mailing Address	L																											
	L																											
	L																											
	CITY 🔺													STATE ▲ ZIP CODE ▲							•	I						

FEC	Form	1S	(Revised	02/2017)
. = -			(

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g)	or(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
6.	-	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	P.O. BOX 81500		
		ATTN: JOHN J. VINSKI, ASST. TREAS.		
			NV	89180
	Relationship:		STATE 🔺	ZIP CODE
	Connected	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	v by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION		STATE A	ZIP CODE
		Te	lephone Number	

Name of Bank, Depository, etc.																														
Mailing Address																														
	CITY 🔺												STATE A						ZIP CODE											