RECEIVED 2014 AUG 19 PM 3: 17 FEC MAIL CENTER

Committee Name:

Visionary Leaders Fund

If registered, FEC ID:

Today's Date:

August 15, 2014

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization-Unlimited Contributions

To Whom It May Concern:

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.

Respectfully submitted,

Treasurer's Name: Aaron Trost Treasurer

FEC FORM 1	STATEMENT OF ORGANIZATION	20 F Offic	RECEIVETI 14 AUG 19 PM 3: 17 EC MAIL CENTER
1. NAME OF COMMITTEE (in full)	(Check if name Example:If typing, is changed) over the lines.		
Visionary Lead	ers Fund		
ADDRESS (number and street)	P.O. Box 2021		
(Check if address is changed)	Shawnee Mission	KS 66	201_2021
	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE (Check if address is changed) COMMITTEE'S WEB PAGE AD (Check if address is changed)	SS (Please provide only one e-mail address) VisionaryLeadersFunc ULLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL		
2. DATE 08	innesi Launa (manifesta (manif statu (manifesta) (manifesta)		
 FEC IDENTIFICATION N IS THIS STATEMENT 		 ED (A)	
I certify that I have examined to Type or Print Name of Treasure Signature of Treasurer	his Statement and to the best of my knowledge an Aaron Trost	d belief it is true, correct and d	2014
NOTE: Submission of false, erron	eous, or incomplete information may subject the perso ANY CHANGE IN INFORMATION SHOULD BE REP		enalties of 2 U.S.C. §437g.

_	Office Use	1 I	For further information contact: Federal Election Commission	FEC FORM 1
	Only		Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2009)

FEC Form 1 (Revised 02/200	n 1 (Revised 02/	2009)	i)
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5.			OMMITTEE		
	Candidate 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 Candi				
	Candidate Office State State District Office District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candi				
	Part	y Com	mittee:		
	(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.		
	Polit	tical A	ction Committee (PAC):		
	(e)		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 Trade Association Cooperative		
			In addition, this committee is a Lobbyist/Registrant PAC.		
	(f)	\times	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	t Fund	raising 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.		
	Committees Participating in Joint Fundraiser				
		1.			
		2.			
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FEC Form 1 (Revised	02/2009)		Page 3
Write or Type Committee Nan			
Visionary Lea	ders Fund		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising R	epresentative,	or Leadership PAC Sponsor
Mailing Address			
		SIALE	
Relationship: Connect	ed Organization	ing Representat	ive Leadership PAC Sponsor
7. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and po	sition of the pe	rson in possession of committee
	n Trost		
Mailing Address	P.O. Box 2021		······································
Maing Address		·····	······································
	Shawnee Mission	KS	66201 2021
Title or Position	CITY	STATE	ZIP CODE
	i i i i i i i Telephone r	number	<u>_</u>]−[]−[_ _{→→}]
 Treasurer: List the name a any designated agent (e.g., 	nd address (phone number optional) of the treasurer of assistant treasurer).	the committee;	and the name and address of
Full Name of Treasurer	on Trost		
Mailing Address	[Ρ.Ο. Βοχ 2021	<u></u>	
	Shawnee Mission	KS	662012021
Title or Position	CITY	STATE	ZIP CODE
	Telephone r		

1907 - 190 - 97 Mg

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	· · · · · · · · · · · · · · · · · · ·		<u>↓ </u>
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	Telepho	ne number	└─────────────
safety deposit boxes Name of Bank, Dep		committee deposits fu	inds, holds accounts, rents
Ľ			<u>i I., i I. i. I. I. I. I.</u>
Mailing Address	8600 Shawnee Mission Parkwa	ay IIII	<u></u>
	Merriam	KS	66202 -
	CITY	STATE	ZIP CODE
Name of Bank, Dep	pository, etc.		
1			
Mailing Address	<u> </u>	i i i i i i i i	
maning Address	<u>, , , , , , , , , , , , , , , , , , , </u>	·····	
			╶┊╷┊┈└╶╴┨╶╷┨┈┈┨╶╴╡╶╻┨┈╷┨╴
	CITY	STATE	ZIP CODE

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indic	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	· · ·
Overnight Delivery Service (Specify):	Shipping Date 8/15-/14
Next Bus	iness 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
Date Other (Specify):	of Receipt or Postmarked
A	8/19/14
PREPARER (8/2013)	DATE PREPARED