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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. YOPAC PO BOX 51 ADDRESS (number and street) (Check if address is changed) ALEXANDRIA 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tim@kochandhoos.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00497305 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. MEIER, J.THOMAS, , , Type or Print Name of Treasurer MEIER, J.THOMAS, , , [Electronically Filed] 07 17 2018 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	
Car	ndidate	e Committee:	
(a)	Ш	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. (Complinformation below.)	ete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)		· · · · · ·	emocratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected 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)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	egated 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	Iraising 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.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		

	02/2009)	Page 3
Write or Type Committee Nam	ne	
YOPAC		
. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
YODER, REP. KEVIN	1 W., ,,	
Mailing Address	P.O. BOX 26742	
	OVERLAND PARK KS 6622	5
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Representative x entify by name, address (phone number optional) and position of the person in	Leadership PAC Sponso
books and records.	shiring by harrie, address (phone humber optional) and position of the person in	possession of committee
MEIER, J	J.THOMAS, , ,	
	5631 ABERDEEN RD	
Mailing Address		
	FAIRWAY KS 6620	05
Title or Position	CITY STATE	ZIP CODE
Title or Position	CITY STATE Telephone number 913 -	ZIP CODE 8242
Treasurer	Telephone number — 913 —	486 8242
Treasurer: List the name ar any designated agent (e.g.,	Telephone number — 913 —	486 - 8242
Treasurer Treasurer: List the name ar any designated agent (e.g.,	Telephone number — 913 — — — — — — — — — — — — — — — — — — —	486 - 8242
Treasurer Treasurer: List the name ar any designated agent (e.g., Full Name of Treasurer MEIER, J.	Telephone number — 913 — nd address (phone number — optional) of the treasurer of the committee; and the assistant treasurer).	486 8242
Treasurer Treasurer: List the name ar any designated agent (e.g., Full Name of Treasurer MEIER, J.	Telephone number — 913 — nd address (phone number — optional) of the treasurer of the committee; and the assistant treasurer).	a name and address of

FEC FORM I (Rev	rised 02/2009)			Page 4
Full Name of Designated KOCH Agent	, TIMOTHY, A., ,			
Mailing Address	901 N WASHINGTON ST, SUITE 700			
	ALEXANDRIA CITY S	VA TATE	22314	ZIP CODE
Title or Position ASSISTANT TREASURE	ER Telephone number	70 er	03	299 - 8571
safety deposit boxes or r Name of Bank, Depositor				
safety deposit boxes or r Name of Bank, Deposito	naintains funds.			
safety deposit boxes or r Name of Bank, Depositor	maintains funds. ry, etc. MMERCE BANK			
safety deposit boxes or r Name of Bank, Depositor	maintains funds. ry, etc. MMERCE BANK	KS	66215	
safety deposit boxes or r Name of Bank, Depositor	MERCE BANK 6305 W 135TH ST OVERLAND PARK			ZIP CODE
safety deposit boxes or r Name of Bank, Depositor	MERCE BANK 6305 W 135TH ST OVERLAND PARK CITY S	KS		ZIP CODE
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safety deposit boxes or r Name of Bank, Depositor COM Mailing Address Name of Bank, Depositor	MERCE BANK 6305 W 135TH ST OVERLAND PARK CITY S Ty, etc.	KS		ZIP CODE

FEC Form 1S (Revised 02/2017)

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

Page _____ **of** ____

h). Joint Fundraisi	ing i articipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	raising Representative	or Leadershin PAC Snon
YODER VICTOR	_		, or Education PTAG Opon
Mailing Address	901 N WASHINGTON ST SUITE 700		
J			
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		Fundraising Representa	ative Leadership PAC Sp
Connecte	Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
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esignated Agent: Identification		Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identification	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
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FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund S VICTORY FUND	draising Representative	e, or Leadership PAC Spon
Mailing Address	901 N WASHINGTON ST		
	STE 700		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif			LeaderShip FAC 5
esignated Agent: Identif			LeaderShip FAC S
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	by by name, address (phone number – optional)	STATE A	ZIP CODE A
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