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 street)	4111 BRIDGEWAY AVENUE		
(Check if address is changed)			
	COLUMBUS		OH 43219 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS		
(Check if address is changed)	rtanner2@netjets.com		
	Optional Second E-Mail Add	lress	
 (Check if address is changed) 			
	28 / Y Y Y Y 2018		
3. FEC IDENTIFICATION N	NUMBER ► C co	00481309	
4. 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.
Type or Print Name of Treasu	rer Tanner, Bob, , ,		
Signature of Treasurer	nner, Bob, , ,	[Electronically Filed]	Date 11 / D D / Y Y Y Y 28 2018
NOTE: Submission of false, erro		may subject the person signing t ON SHOULD BE REPORTED W	his Statement to the penalties of 2 U.S.C. §437g ITHIN 10 DAYS.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

Image# 201811289133856816

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can	didate	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. (Complein information below.)	ete the candidate
Name Cand			
	lidate Affiliati	on Office Sought: House Senate President	State District
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	ty Con	nmittee:	
(d)			emocratic, epublican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization	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 segr committee. (i.e., nonconnected committee)	egated fund or part
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	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.	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 COM	IPANY RAILPAC (BNSF RAILPAC)		
Mailing Address	P.O. Box 961039		
	Suite 220		
	Fort Worth	TX	76161
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization 🗶 Affiliated Committee 🚺 Joint Fundraising	Representative	e 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.

Tanner, Bo	ɔb, , ,
Full Name	
Mailing Address	4111 Bridgeway Avenue
	Columbus OH 43219 - - - -
Title or Position	CITY STATE ZIP CODE
VP-Corp.&Govt. Aff.	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	Tanner, Bob, , ,
Mailing Address	4111 Bridgeway Avenue
	Columbus OH 43219
	CITY STATE ZIP CODE
Title or Position PAC Treasurer	Image: Telephone number 614 239 2091

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent			1		1																					
Mailing Address																										
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Title or Position																										
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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 Bar	nk		
Mailing Address	166 N. Hamilton Rd.		
	Gahanna	OH 43230-2679 –	
	CITY	STATE ZIP CODE	
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	

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FEC Form 1S (Revised 02/20)	Optional Supplemental Info17)for Lines 5(g) or (h), 6, 8 a		Page _5_ of _12
5(g) or (h). Joint Fundraising	Participant:		
1.		FEC ID number	
2.		FEC ID number C	
3.		FEC ID number C	
4.		FEC ID number C	
-	rganization, Affiliated Committee, Joint Fundra any Good Government Fund for Feo	•	Leadership PAC Sponsor
Mailing Address	P.O. Box 425		
	Fort Worth		76101
Relationship:		STATE A	ZIP CODE

× Affiliated Committee

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

Connected Organization

Full Name																									J
Mailing Address	L																								
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Joint Fundraising Representative

Leadership PAC Sponsor

Name of Bank, Depository, etc.																						
Mailing Address																						
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4.									FEC ID number
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1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	rganization, Affiliated Committee, Joint Fundr byees Insurance Company Political		
Mailing Address	One GEICO Plaza		
	Washington		20076
Relationship:			
		Fundraising Representa	
8. Designated Agent: Identify I	by name, address (phone number - optional)		
Full Name			
Mailing Address	L		
TITLE OR POSITION		STATE ▲	ZIP CODE

Name of Bank, Depository, etc.																					
Mailing Address																					
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	1		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4		FEC ID number	С
6.	-	Drganization, Affiliated Committee, Joint Fundra Inc. Federal Political Action Commit		, or Leadership PAC Sponsor
	Mailing Address	4747 McLane Parkway		
		_ Temple		76503
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization X Affiliated Committee Joint I	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION		STATE A	ZIP CODE
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5(g) or (h).	Joint	Fundraising	Participant:
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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																												
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1. [FEC ID number
2.	FEC ID number
3.	FEC ID number C
4.	FEC ID number

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

Mailing Address	666 Grand Avenue				
	P.O. Box 657				
	Des Moines				06
Relationship:		CITY 🔺		STATE A	ZIP CODE
Connected (Organization 🗴 Affiliat	ed Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

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

Full Name																										
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FEC Form 1S (Revised 02/20	Optional Supplemental Info for Lines 5(g) or (h), 6, 8 a		Page <u>10</u> of <u>12</u>
5(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	C
	825 N E MULTNOMAH SUITE 2000 LCT		
Mailing Address			
	PORTLAND		97232
Relationship:			
		Fundraising Represent	
8. Designated Agent: Identify	by name, address (phone number - optional)		
Full Name			
Mailing Address			
	CITY ▲	⊥ ⊥ L L L L L L L L L L L L L L L L L L	

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. 9.

Name of Bank, Depository, etc.	 																				
Mailing Address																					
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5(g) or (h).	Joint	Fundraising	Participant:
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2 FEC ID number	
3 FEC ID number	
4 FEC ID number	

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

Mailing Address	4111 Bridgeway Avenue			
Ū				
	Columbus			43219-1882
Relationship:	CITY 🔺		STATE 🔺	ZIP CODE
× Connected	Organization Affiliated Comm	ttee Joint Fun	draising Representative	Leadership PAC Sponsor

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

Full Name				
Mailing Address				
TITLE OR POSITION	•	CITY A	STATE A	ZIP CODE
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or (h). Joint Fundraising	g Participant:	_	
1.		FEC ID number	
2.		FEC ID number	
3.		FEC ID number	C
4.		FEC ID number	
-	-	aising Representative, o	or Leadership PAC Sponsor
Mailing Address	P.O. BOX 81500		
	ATTN: JOHN J. VINSKI, ASST. TREAS.		
	LAS VEGAS		89180
Relationship:		STATE 🔺	ZIP CODE
Connected	Organization X Affiliated Committee Joint	Fundraising Representativ	ve Leadership PAC Sponsor
Designated Agent: Identify	by name, address (phone number - optional)		
Full Name			
Mailing Address			
TITLE OR POSITION		STATE 🔺	ZIP CODE
	Te	ephone Number	
	1. 2. 3. 4. Mame of Any Connected of NV ENERGY POL Mailing Address Mailing Address Relationship: Connected Designated Agent: Identify Full Name Mailing Address	1. 2. 3. 4. 4. Mame of Any Connected Organization, Affiliated Committee, Joint Fundra NV ENERGY POLITICAL ACTION COMMITTEE Mailing Address P.O. BOX 81500 Mailing Address Connected Organization X Affiliated Committee Joint TITLE OR POSITION ▼	1. FEC ID number 2. FEC ID number 3. FEC ID number 4. FEC ID number 4. FEC ID number VENERGY POLITICAL ACTION COMMITTEE Mailing Address P.O. BOX 81500 Mailing Address Onnected Organization X Affiliated Committee Joint Fundraising Representative Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY A STATE A

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