

Law Office of

James C. Thomas III

7509 NW Tiffany Springs Parkway, Suite 300
Kansas City, Missouri 64153
Phone: (816) 584-9393; Fax: (816) 584-9394
James@jct3law.com

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2014 FEB 25 AM 9:54

FEC MAIL CENTER

February 19, 2014

Federal Election Commission
999 E Street, NW
Washington, DC 20463

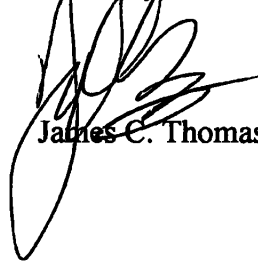
RE: Now or Never PAC – C00513432

Dear Sir or Madam:

I relocated my office earlier this month. This move necessitates that an amendment of the Statement of Organization be filed for the above committee. The only changes are for the official address for the committee (my office), the address of the treasurer (me) and the address of the custodian of records (again me).

If you have any questions or need further information, please contact my office.

Sincerely,



James C. Thomas III

JCT3/pb

Enclosure

14031190825

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Now or Never PAC

ADDRESS (number and street)

7509 NW Tiffany Springs Parkway Suite 300

(Check if address is changed)

Kansas City

MO

64153

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

James@jct3law.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

02 / 19 / 2014

3. FEC IDENTIFICATION NUMBER

C00513432

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 Treasurer

James C Thomas III

Signature of Treasurer

[Handwritten Signature]

Date

02 / 19 / 2014

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 Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

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5. TYPE OF COMMITTEE

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 of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action 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) 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 Fundraising 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.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

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Write or Type Committee Name

Now or Never PAC

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

[Empty grid lines for name entry]

Mailing Address

[Empty grid lines for mailing address entry]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative 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.

Full Name James C Thomas III

Mailing Address 7509 NW Tiffany Springs Pkwy

Suite 300

Kansas City MO 64153

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 816 - 584 - 9393

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 James C Thomas III

Mailing Address 7509 NW Tiffany Springs Pkwy

Suite 300

Kansas City MO 64153

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 816 - 584 - 9393

14031190828

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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.

Commerce Bank

Mailing Address

[Grid for Mailing Address Line 1: 1000 Walnut]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3: Kansas City, MO, 64105]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. (empty)]

Mailing Address

[Grid for Mailing Address Line 1 (empty)]

[Grid for Mailing Address Line 2 (empty)]

[Grid for Mailing Address Line 3 (empty)]

CITY

STATE

ZIP CODE

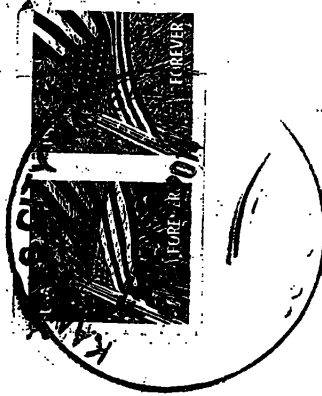
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Hand Delivered Date of Receipt

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2/19/14

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Overnight Delivery Service (Specify): Shipping Date
Next Business 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

Other (Specify): Date of Receipt or Postmarked

 2/25/14
 PREPARER DATE PREPARED

14031190831