PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) NATIONAL WEATHER SERVICE EMPLOYEES ORGANIZATION POLITICAL ACTION COMMITTEE 601 PENNSYLVANIA AVE NW SUITE 900 ADDRESS (number and street) (Check if address is changed) WASHINGTON 20004 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS j.becker@nwseo.org (Check if address is changed) Optional Second E-Mail Address joann.becker1@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2006 C00318311 FEC IDENTIFICATION NUMBER > 3. X 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. JoAnn Becker Type or Print Name of Treasurer JoAnn Becker [Electronically Filed] 09 2015 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. FEC FORM 1 (Revised 06/2012)

| Office | For further information contact              | JL. |
|--------|--|-----|
| Use    | Federal Election Commission                  |     |
| Only   | Toll Free 800-424-9530<br>Local 202-694-1100 |     |

|             | FEC Fo                | rm 1 (Revised 02/2009)  | Page 2                                  |
|-------------|-----------------------|---|---|
|             |                       | OMMITTEE  |   |
|             | ididate               | Committee:  |   |
| (a)         | ш                     | This committee is a principal campaign committee. (Complete the candidate information below.)   |   |
| (b)         | Ш                     | This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)  | elete the candidate                     |
| Nam<br>Cand | e of<br>didate        |   |   |
|             | didate<br>y Affiliati | Office Sought: House Senate President   | State                                   |
|             |                       |   | District                                |
| (c)         | Ш                     | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |   |
| Nam<br>Cand | e of<br>didate        |   |   |
| Par         | ty Con                | nmittee:  |   |
| (d)         |                       | · · · · · · · · · · · · · · · · · · ·   | Democratic,<br>Republican, etc.) Party. |
| Poli        | itical A              | ction Committee (PAC):  |   |
| (e)         | $\times$              | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.  | nected 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 secommittee. (i.e., nonconnected committee)  | gregated 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                | raising Representative:   |   |
| (g)         |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate. | o 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.        | o or more political                     |
|             | Com                   | mittees Participating in Joint Fundraiser   |   |
|             | 1.                    | FEC ID number   |   |
|             | 2.                    | FEC ID number   |   |
|             | 3.                    | FEC ID number   |   |
|             | 4.                    |   |   |

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|---|--|---------------------------------|-------------------|
| Write or Type Committee Name  | · · · · · · · · · · · · · · · · · · ·  |                                 |                   |
| NATIONAL WEATHER  | SERVICE EMPLOYEES ORGANIZATION   | POLITICAL ACTION (              | COMMITTEE         |
| 6. Name of Any Connected O  | rganization, Affiliated Committee, Joint Fundraising Re                      | presentative, or Leadership F   | PAC Sponsor       |
| NATIONAL WEATHER  | SERVICE EMPLOYEES ORGANIZATION F   | POLITICAL ACTION C              | OMMITTEE          |
| Mailing Address   | 601 PENNSYLVANIA AVE NW SUITE 900  |                                 |                   |
|   | WASHINGTON   | DC 20004 STATE ZIP              | CODE              |
| Relationship: X Connected   | Organization Affiliated Committee Joint Fundraising                          | ng Representative Leaders       | ship PAC Sponsor  |
| <ol> <li>Custodian of Records: Identification books and records.</li> </ol> | tify by name, address (phone number optional) and pos                        | sition of the person in possess | sion of committee |
| Full Name  Mailing Address  | ker  13700 Petty Road  |                                 |                   |
|   | Kearney  | MO 64060                        |                   |
| Title or Position   | CITY   | STATE ZIP                       | CODE              |
| Treasurer   | Telephone nu   | umber 816 507                   |                   |
| Treasurer: List the name and any designated agent (e.g., a                  | address (phone number optional) of the treasurer of the ssistant treasurer). | ne committee; and the name a    | and address of    |
| Full Name JoAnn Beck<br>of Treasurer  |  |                                 |                   |
| Mailing Address   | 13700 Petty Road   |                                 |                   |
|   |  |                                 |                   |
|   | Kearney  | MO 64060<br>STATE ZIP           | CODE              |
| Title or Position Treasurer   | Telephone nu   | , 816 , , 507                   | 7509              |

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|---|--|---------------|
|   |  |               |
| Full Name of Designated   |  |               |
| Agent   |  |               |
| Mailing Address   |  |               |
|   |  |               |
|   | CITY STATE   | ZIP CODE      |
| Title or Position   |  |               |
|   | Telephone number   |               |
|   |  |               |
| safety deposit boxes of Name of Bank, Depos   |  |               |
| safety deposit boxes of Name of Bank, Depos   | or maintains funds.  |               |
| safety deposit boxes of Name of Bank, Depos   | or maintains funds. sitory, etc.  ELLS FARGO  197 OKATIE VILLAGE DR        |               |
| safety deposit boxes of Name of Bank, Depos   | or maintains funds. sitory, etc.  ELLS FARGO                               | 29909         |
| safety deposit boxes of Name of Bank, Depos   | or maintains funds. sitory, etc.  ELLS FARGO  197 OKATIE VILLAGE DR        |               |
| safety deposit boxes of Name of Bank, Depos   | CITY  Sitory, etc.  PLLS FARGO  197 OKATIE VILLAGE DR  Bluffton  SC  STATE | 29909         |
| safety deposit boxes of Name of Bank, Deposition Mailing Address  | CITY  Sitory, etc.  PLLS FARGO  197 OKATIE VILLAGE DR  Bluffton  SC  STATE | 29909         |
| safety deposit boxes of Name of Bank, Deposition Mailing Address  | CITY  Sitory, etc.  PLLS FARGO  197 OKATIE VILLAGE DR  Bluffton  SC  STATE | 29909         |
| safety deposit boxes of Name of Bank, Deposition Mailing Address  | CITY  Sitory, etc.  PLLS FARGO  197 OKATIE VILLAGE DR  Bluffton  SC  STATE | 29909         |
| Name of Bank, Depos  Mailing Address  Name of Bank, Depos   | CITY  Sitory, etc.  PLLS FARGO  197 OKATIE VILLAGE DR  Bluffton  SC  STATE | 29909         |
| Safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition Name | CITY  Sitory, etc.  PLLS FARGO  197 OKATIE VILLAGE DR  Bluffton  SC  STATE | 29909         |