PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) over the lines. is changed) STINSON LEONARD STREET POLITICAL ACTION COMMITEE PAC 1201 Walnut Street ADDRESS (number and street) Suite 2900 (Check if address is changed) Kansas City 64106 MO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PAC@STINSON.COM (Check if address is changed) Optional Second E-Mail Address chuck.hatfield@stinson.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2016 C00459065 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. Charles W. Hatfield Type or Print Name of Treasurer Charles W. Hatfield [Electronically Filed] 04 07 2016 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: |
|--------|--|--|--|
| Use | | | Federal Election Commission |
| Only | | | Toll Free 800-424-9530 Local 202-694-1100 |
| | | | Local 202-094-1100 |

| | FFC Fo | rm 1 (Revised 02/2009) | Page 2 |
|-------------|-----------------------|---|--|
| TYP | E OF C | OMMITTEE | 1 ago 2 |
| Car | ndidate | 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. (Cominformation below.) | plete the candidate |
| Nam Cand | e of didate | | |
| | didate y Affiliati | Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Cand | e of didate | | |
| Par | ty Con | nmittee: | /Damaau-+!- |
| (d) | | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Poli | itical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor | nnected 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) | egregated 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 Func | Iraising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate. | vo 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. | vo or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

Title or Position

| _ | | | _ |
|---|---|----------------------------|-----------------------|
| FEC Form 1 (Revised | 02/2009) | | Page 3 |
| Write or Type Committee Name | | | - |
| STINSON LEO | NARD STREET POLITICAL AG | CTION COMI | MITEE PAC |
| 6. Name of Any Connected (| Organization, Affiliated Committee, Joint Fundraising Re | epresentative, or Leaders | ship PAC Sponsor |
| NONE | | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |
| Relationship: Connecte | d Organization Affiliated Committee Joint Fundraisi | ng Representative Le | eadership PAC Sponsor |
| Custodian of Records: Idea books and records. | ntify by name, address (phone number optional) and pos | sition of the person in po | ssession of committee |
| Douglas M | 1. Doerfler | | |
| Mailing Address | 1201 Walnut Street | | |
| J | Suite 2900 | | |
| | Kansas City | MO 64106 | |
| Title or Position | CITY | STATE | ZIP CODE |
| | Telephone n | umber | |
| 3. Treasurer: List the name an any designated agent (e.g., | d address (phone number optional) of the treasurer of the assistant treasurer). | he committee; and the na | ame and address of |
| Full Name Charles W | . Hatfield | | |
| Mailing Address | 230 West McCarty Street | | |
| | | | |
| | Jefferson City | MO 65101 | |

CITY

ZIP CODE

STATE

Telephone number

| 1 20 1 011 | n 1 (Revised 02/2009) | Page 4 |
|---------------------|---|--------------------|
| | | |
| Full Name of | | |
| Designated Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| Name of Bank, I | | |
| | | |
| Name of Bank, I | PNC Bank 800 17th Street NW | ZIP CODE |
| Name of Bank, I | PNC Bank 800 17th Street NW Washington CITY STATE | ZIP CODE |
| Name of Bank, I | PNC Bank 800 17th Street NW Washington CITY STATE | ZIP CODE |
| Name of Bank, I | PNC Bank 800 17th Street NW Washington CITY STATE Depository, etc. | ZIP CODE |
| Name of Bank, I | PNC Bank 800 17th Street NW Washington CITY STATE Depository, etc. | ZIP CODE |
| Name of Bank, I | PNC Bank 800 17th Street NW Washington CITY STATE Depository, etc. | ZIP CODE |
| Name of Bank, I | PNC Bank 800 17th Street NW Washington CITY STATE Depository, etc. | ZIP CODE ZIP CODE |

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F1N Transaction ID:

Amended Statement of Organization

Form/Schedule: Transaction ID: