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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Ash Grove Cement Political Action Committee 11011 Cody Street ADDRESS (number and street) (Check if address is changed) Overland Park, KS 66210 KS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS erin.shannon@ashgrove.com (Check if address is changed) Optional Second E-Mail Address erin.shannon@ashgrove.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.ashgrove.com (Check if address is changed) DATE 2012 C00102517 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. Beachner, Kim, R., Mr., Type or Print Name of Treasurer Beachner, Kim, R., Mr., [Electronically Filed] 06 29 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

_		1 (Paying 1 (Paying 02/2000)	Doro O		
		OMMITTEE	Page 2		
		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. (Complinformation below.)	ete the candidate		
Name Candi					
Candi Party	idate Affiliatio	Office Sought: House Senate President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Candi					
Party	y Com	mittee:			
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party		
Polit	ical A	ction Committee (PAC):			
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is		
	_	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 seg committee. (i.e., nonconnected committee)	regated 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.)			
Joint	Fund	raising 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		
	Committees Participating in Joint Fundraiser				
	1.	FEC ID number			
	2.	FEC ID number			
	3.	FEC ID number			
	4.				

	_		
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V	rite or Type Committee Nar	me	
/	Ash Grove Ce	ment Political Action Committee	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
Α	sh Grove Cement F	Political Action Committee	
L			
	Mailing Address	P.O. Box 25900	
	Ü		
		Overland Park KS 6622	25
		CITY STATE	ZIP CODE
	Relationship: x Connect	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
	Custodian of Records: Id books and records.	lentify by name, address (phone number optional) and position of the person in	possession of committee
	Shannor Full Name	n, Erin, , ,	
	Mailing Address	11011 Cody	
			1
		Overland Park KS 662	10
	Title or Position	CITY STATE	ZIP CODE
	Legal Asst.	Telephone number 913	.   319   -   6123
3.	<b>Treasurer:</b> List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
	Full Name Beachne of Treasurer	er, Kim, R., Mr.,	
	Mailing Address	11011 Cody St.	
		Overland Park KS 6621	0
	Title or Position	CITY STATE	ZIP CODE
	Treasurer	913   Telephone number   913   -	319  -  6153

FEC <b>Form</b>	1 (Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	Ryan, Stephen, M, Mr.,		
Mailing Address	11011 Cody St.		
	Overland Park  CITY	STATE	66210 ZIP CODE
Title or Position VP& Gen. Couns	el 	none number 913	319 6126
Banks or Other safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the tes or maintains funds.  epository, etc.  Bank of America	committee deposits fund	ds, holds accounts, rents
Mailing Address	1200 Main St.		
	Kansas City	MO L	64105
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE	

FEC Form 1S (Revised 02/2017)

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

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(g) or (h). <b>Joint Fundrai</b>	sing Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	ed Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
CRH AMERICA	.S, INC. PAC		
Mailing Address	800 MAINE AVENUE		
Mailing Address	SUITE 800		
	WASHINGTON	, DC ,	, 20024
Deletienehin			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint  attify by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sponso
Designated Agent: Ider			
Designated Agent: Ider			
Designated Agent: Ider			
Designated Agent: Ider	ntify by name, address (phone number – optional)		
Designated Agent: Ider	ntify by name, address (phone number – optional)	STATE A	ZIP CODE A
Designated Agent: Iden  Full Name  Mailing Address	ntify by name, address (phone number – optional)  CITY ▲		
Designated Agent: Iden  Full Name  Mailing Address	ntify by name, address (phone number – optional)  CITY ▲	STATE A	
Designated Agent: Ider  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depos	ntify by name, address (phone number – optional)  CITY ▲  CITY ▲  itories: List all banks or other depositories in which the	STATE A lephone Number	ZIP CODE A
Pull Name  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depose safety deposit boxes or	ntify by name, address (phone number – optional)  CITY ▲  CITY ▲  itories: List all banks or other depositories in which the	STATE A lephone Number	ZIP CODE A
Designated Agent: Ider  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depos	ntify by name, address (phone number – optional)  CITY ▲  CITY ▲  itories: List all banks or other depositories in which the	STATE A lephone Number	ZIP CODE A
Pull Name  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depose safety deposit boxes or Name of Bank,	ntify by name, address (phone number – optional)  CITY ▲  CITY ▲  itories: List all banks or other depositories in which the	STATE A lephone Number	ZIP CODE A
Pull Name  Mailing Address  TITLE OR POSITION  Banks or Other Depose safety deposit boxes or Name of Bank, Depository, etc.	ntify by name, address (phone number – optional)  CITY ▲  CITY ▲  itories: List all banks or other depositories in which the	STATE A lephone Number	ZIP CODE A
Pull Name  Mailing Address  TITLE OR POSITION  Banks or Other Depose safety deposit boxes or Name of Bank, Depository, etc.	ntify by name, address (phone number – optional)  CITY ▲  CITY ▲  itories: List all banks or other depositories in which the	STATE A lephone Number	ZIP CODE A