		FEC MAIL CENTER
E i sa ta S		2015 DEC -1 AM 7: 57
FEC FORM 1	STATEMENT OF ORGANIZATION	
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	Office Use Only 12FE4M5
VOTE JU	nNash,	
ADDRESS (number and street	, 14590, 440th ST.	
(Check if address is changed)	KING City	M.O. 64463-
	CITY	STATE ZIP CODE
(Check if address is changed) COMMITTEE'S WEB PAGE		CGMAIL CAM
(Check if address is changed)		
2. DATE /0 [™]	° 4'ZU15	_
3. FEC IDENTIFICATION		• · ·
4. IS THIS STATEMENT)
I certify that I have examine	d this Statement and to the best of my knowledge and beli	ef it is true, correct and complete.
Type or Print Name of Treas	surer <u>STACEY RENEE GILC</u>	IP
Signature of Treasurer	Spary Rence (illy	
NOTE: Submission of false, er	roneous, or incomplete information may subject the person sign ANY CHANGE IN INFORMATION SHOULD BE REPORTE	·
Office Use Only	For further informatic Federal Election Comm Toll Free 800-424-953 Local 202-694-1100	nission FEC FURIVI I

FEC F	Form 1 ((Revised	02/2009)
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		DMMITTEE
Can	didate	Committee:
(a)	\checkmark	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.)
Namo	e of lidate	L Vim Nash
	didate / Affiliatio	NotelimNASH Office State Senate President District
(c)	\checkmark	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Cand	e of lidate	Minnash
Parl	ty Com	mittee:
(d)	1	This committee is a (National, State or subordinate) committee of the VOTE JIM AshDemocratic, Republican, etc.) Par
Poli	tical A	ction Committee (PAC): N/A
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization i
		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 pa 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.)
Join	t Fund	raising 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.
(g) (h)		
	Com	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
	Comi 1.	committees/organizations, at least one of which is an authorized committee of a federal candidate. 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/organizations, at least one of which is an authorized committee of a federal candidate. 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. nittees Participating in Joint Fundraiser
	1.	committees/organizations, at least one of which is an authorized committee of a federal candidate. 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. nittees Participating in Joint Fundraiser

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	FEC Form 1 (Revised	02/2009)	<u></u>	١		Page 3
v	rite or Type Committee Nam	е				
	VOTE Jin Na	sh				
6.	Name of Any Connected	Organization, Affiliated Commi	ittee, Joint Fu	Indraising Repr	esentative, or Le	adership PAC Sponsor
	III MAILLI					
	Mailing Address					
	·					
		CITY			STATE	ZIP CODE
	Relationship: Connecte	d Organization 👘 Affiliated Con	nmittee	oint Fundraising	Representative	Leadership PAC Sponsor
7.		entify by name, address (phone i	number opt	ional) and positi	on of the person	in possession of committee
	books and records.					
		CEY RENEE 6	51441	ρ_{1}		
	Mailing Address	<u>CIEIYI IRENGE 16</u> 151918171 (CIOIVINIT	14 RO	AD 23	5	
			<u> </u>	<u> </u>		
		WHIDIN STAK	<u></u>		MO 6	4 4 9 4
	Title or Position	CITY			STATE	ZIP CODE
	TREASURER		1	Telephone nun	nber IIII	, , - , , ,
8.	Treasurer: List the name an any designated agent (e.g.,	nd address (phone number - op assistant treasurer).	otional) of the	treasurer of the	committee; and t	he name and address of
	Full Name of Treasurer	CIEIYI REDEELE		ρ_{1}	1 3 1 5 1 1	
	Mailing Address	15.9.8.7 1C.0.01				
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		WN1, ON STHR		<u></u>	mn	644941-1
			┓		STATE	
	Title or Position		1	Telephone num	iber	`- <u>L</u>]-L
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Title or Position																																	
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Full Name of Designated Agent		\land	//		4				_ _	<u> </u>	1	1	<u> </u>		1	<u> i </u>	ł	<u> </u>	1		1	i	1	1_	1.	1	<u> </u>	<u>l.</u>	<u> </u>	L	1	l_	

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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.

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Name of Bank, Depository, etc.

TNDO	-PENDENTI FARMERIS	BANKIL	
Mailing Address	206 MORTH CONNIE	$C_{1}T_{1}C_{1}U_{1}T_{1}$	
	1Pia BIOXI 14871	<u>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</u>	
	KING CUTTY	Mic	64463-6-
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
	IA	<u>. </u>	
Mailing Address		ــــــــــــــــــــــــــــــــــــ	
	CITY	STATE	ZIP CODE

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