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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) Wholesale & Specialty Insurance Association (WSIA) PAC 4131 N Mulberry Drive ADDRESS (number and street) Suite 200 (Check if address is changed) Kansas City 64116 MO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS greta@wsia.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.wsia.org (Check if address is changed) DATE 2017 C00417634 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. Kelley, Brady, , , Type or Print Name of Treasurer Kelley, Brady, , , [Electronically Filed] 80 15 2017 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

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

FFC F	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE	1 aye £
Candidat	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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		(D
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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 s committee. (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.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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FEC Form 1 (Revis		Page 3
Write or Type Committee N		240
	Specialty Insurance Association (WSIA) F	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
Wholesale & Speci	alty Insurance Association	
Mailing Address	4131 N Mulberry Drive	
	Suite 200	
	Kansas City MO 64	116
	CITY STATE	ZIP CODE
	ected Organization	Leadership PAC Sponso
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	in possession of committee
Hoagi Full Name	land, Lucy, , ,	
Mailing Address	1050 K ST NW	
	Suite 400	
	Washington DC 20	001
Title or Position	CITY STATE	ZIP CODE
Administrator		
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and t e.g., assistant treasurer).	he name and address of
Full Name Kelley of Treasurer	/, Brady, , ,	
Mailing Address	4131 N Mulberry Drive	
	Suite 200	
	Kansas City MO 64	116
Title or Desire	CITY STATE	ZIP CODE
Title or Position Treasurer	816 Telephone number	- 741 - 3910

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Full Name of Designated Agent	Baney, Elizabeth, , ,	
Mailing Address	1050 K ST NW	
	Suite 400	
	Washington DC 20001 CITY STATE Z	ZIP CODE
Title or Position Principal		312 - 7438
Banks or Other safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. Depository, etc.	accounts, rents
Mailing Address	300 Fifth Avenue The Tower at PNC Plaza	
Mailing Address	300 Fifth Avenue	
Mailing Address	300 Fifth Avenue The Tower at PNC Plaza Pittsburgh PA 15222	ZIP CODE
Mailing Address Name of Bank, D	300 Fifth Avenue The Tower at PNC Plaza Pittsburgh CITY STATE 2	ZIP CODE
	300 Fifth Avenue The Tower at PNC Plaza Pittsburgh CITY STATE 2	ZIP CODE
	300 Fifth Avenue The Tower at PNC Plaza Pittsburgh CITY STATE 2	ZIP CODE
Name of Bank, D	300 Fifth Avenue The Tower at PNC Plaza Pittsburgh CITY STATE 2	ZIP CODE
Name of Bank, D	300 Fifth Avenue The Tower at PNC Plaza Pittsburgh CITY STATE 2	ZIP CODE