**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) BNSF Railway Company RAILPAC (BNSF RAILPAC) P.O. Box 961039 ADDRESS (number and street) (Check if address is changed) Fort Worth 76161 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address patricia.murphy@bnsf.com is changed) Optional Second E-Mail Address fecinfo@pass1.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00235739 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. Type or Print Name of Treasurer Murphy, Patricia,, 01 18 2024 Signature of Treasurer Murphy, Patricia, , , Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	ow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)	omplete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State dent District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(Mational, State (National, State	Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) It	s connected organization is a:
X Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
X In addition, this committee is a Lobbyist/Registrant PAC.	-
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts	(Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
This committee collects contributions, pays fundraising expenses and disburses net proceeds	s for two or more political
committees/organizations, at least one of which is an authorized committee of a federal can	•
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	s for two or more political
Committees Participating in Joint Fundraiser	
1 C	

	FEC Form 1 (Revised	02/2009)	 Page <b>3</b>
٧	Vrite or Type Committee Name		
	BNSF Railway (	Company RAILPAC (BNSF RAILPAC)	
6.		Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
	BNSF Railway Com	pany	
	Mailing Address	P.O. Box 961039	
		Fort Worth TX	76161
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: X Connected	d Organization Affiliated Organization Joint Fundraising Representa	
7.	Custodian of Records: Identification books and records.	ntify by name, address (phone number optional) and position of the person	in possession of committee
	Murphy, P	Patricia, , ,	
	Full Name		
	Mailing Address	500 New Jersey Avenue NW Suite 550	
		Washington	20001
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	202 - 347 - 8662
8.	Treasurer: List the name ar any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
	Full Name Murphy, P	Patricia, , ,	
	Mailing Address	500 New Jersey Avenue NW Suite 550	
		Weshington	20004
		Washington	20001
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer	Zelephone number	202  -  347  -  8662

Telephone number

FE	Form 1 (Revised 02/2009)	Page <b>4</b>
Full Na Designa Agent		
Mailing	dress 2500 Lou Menk Drive	
	Fort Worth TX	76131
Title or	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer 81  Telephone number	7 - 352 - 2326
	Other Depositories: List all banks or other depositories in which the committee deposits functions boxes or maintains funds.	unds, holds accounts, rents
Name o	ank, Depository, etc.	
	The Northern Trust Company	
Mailing	dress 50 South LaSalle Street M-27	
	Chicago IL	60603
	CITY ▲ STATE ▲	ZIP CODE ▲
Name o	ank, Depository, etc.	
Mailing	dress	
	CITY ▲ STATE ▲	ZIP CODE ▲

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: F1A Transaction ID:

This registration is being filed to add PAC's Assistant Treasurer and add a new affiliated PAC.

Form/Schedule: Transaction ID:

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

1		g Participant:				
				FEC ID	number	С
2				FEC ID	number	C
3.				FEC ID	number	C
4.				FEC ID	number	С
			ated Committee, Joint ent Fund for Federal E		esentative	, or Leadership PAC Spons
Ma	iling Address	P.O. Box 425				
		Fort Worth			TX	76101
Rel	lationship:		CITY A		STATE A	ZIP CODE ▲
Full N	Name					
	ng Address	1				
Mailir	ig Addiese					
Mailir	ig / taarooo					
Mailir	ig Addices					
	E OR POSITION		CITY A	S	TATE A	ZIP CODE A

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

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fundra		e, or Leadership PAC Spons
Mailing Address	One GEICO Plaza		
Relationship:	Washington CITY A	DC STATE A	20076 ZIP CODE ▲
П	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Spo
Full Name			
Mailing Address			
	1		I I-I
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITION	•	STATE ▲	ZIP CODE A
TITLE OR POSITION	•		ZIP CODE A
	Te	lephone Number	
Banks or Other Deposito cafety deposit boxes or management of Bank, Depository, etc.	Te	lephone Number	
Banks or Other Deposito afety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds.	lephone Number	
Banks or Other Deposito cafety deposit boxes or management of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds.	lephone Number	

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

h). <b>Joint Fundraisi</b> r	ig Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
		, 	
-	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
MicLane Company in	c. Federal Political Action Committee		
Mailing Address	4747 McLane Parkway		
	Temple 	TX	76503
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee J  y by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identif  Full Name    Mailing Address	y by name, address (phone number – optional)		ative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	ZIP CODE A

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Page	of <sup>14</sup>	

h). <b>Joint Fundraisi</b>	•		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spon
MidAmerican Energy	/ Company PAC └────────────────────────────		
Mailing Address	666 Grand Avenue		
	P.O. Box 657		
	Des Moines	IA I	50306
Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Sp
		oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	STATE	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A

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Page	of <sup>14</sup>	

(h). <b>Joint Fundraisin</b>	g Participant:			
1.		FEC ID nu	mber C	
2.		FEC ID nu	mber C	
3.		FEC ID nu	mber C	
4.		FEC ID nu	mber C	
lame of Any Connected	Organization, Affiliated Committee, Joi	nt Fundraising Repres	entative, or	Leadership PAC Sponsor
Berkshire Hathaway E	Energy Company PAC			
1				
Mailing Address	666 Grand Avenue			
	P.O. Box 657			
	Des Moines		IA	50306
Relationship:	CITY ▲	ST	ATE 🛦	ZIP CODE ▲
Connected	Organization X Affiliated Committee	Joint Fundraising Re	oresentative	Leadership PAC Spons
Full Name				
Mailing Address				
TITLE OR POSITION	CITY A	STAT		ZIP CODE ▲
TITLE OR POSITION	CITY A	STAT		ZIP CODE <b>A</b>

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

	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
		,	
lame of Any Connecte	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
PacifiCorp-Pacific P	ower/Rocky Mountain Power PAC		
Mailing Address	825 NE Multnomah		
<b>3</b>	Suite 2000 LCT		
	Portland	OR	97232
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Ident	ifv by name, address (phone number – optional)		
esignated Agent: Ident	ify by name, address (phone number – optional)		
	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address	CITY A		ZIP CODE A
Full Name	ify by	name, address (phone number – optional)	name, address (phone number – optional)
SITIO	CITY ▲	STATE A	ZIP COI
Full Name Mailing Address  TITLE OR POSITIO	CITY ▲  cories: List all banks or other depositories in wh	STATE A Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  The position of the property of the position of	CITY ▲  **Cories: List all banks or other depositories in whanintains funds.	STATE   Telephone Number  ich the committee deposit	
Full Name Mailing Address  TITLE OR POSITIO	CITY ▲  **Cories: List all banks or other depositories in whanintains funds.	STATE   Telephone Number  ich the committee deposit	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Fanks or Other Deposition defets deposit boxes or not be a separately deposit boxes or not be a separately depository, etc.	CITY ▲  Cories: List all banks or other depositories in when an annual standard sta	STATE   Telephone Number  ich the committee deposit	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Fanks or Other Deposition defets deposit boxes or not be a separately deposit boxes or not be a separately depository, etc.	CITY ▲  Cories: List all banks or other depositories in when an annual standard sta	STATE   Telephone Number  ich the committee deposit	s funds, holds accounts, rents

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Page	of <sup>14</sup>	

h). <b>Joint Fundraisi</b>			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected NetJets, Inc. PAC	I Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Tretoets, inc. 1 Ao			
Mailing Address	4111 Bridgeway Avenue		
	Columbus	OH	43219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional		Ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mailing and mailing an	fy by name, address (phone number – optional  CITY   CITY   Ories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A  ts funds, holds accounts, rent
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A  ts funds, holds accounts, rent
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A  ts funds, holds accounts, rent
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A  ts funds, holds accounts, rent

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

(h). <b>Joint Fundrais</b> i	ng Participant:			
1.		FEC ID	number	С
2.		FEC ID	number	С
3.		FEC ID	number	С
4.		FEC ID	number	С
-	l Organization, Affiliated Committee, Joint	Fundraising Repr	esentative	e, or Leadership PAC Spons
NV Energy Political	Action Committee			
Mailing Address	6100 Neil Road			
	Debbie Florence, Asst. Treas,			
	Reno	, , , , <b>,</b> ,	NV	89511
Relationship:	CITY A		STATE A	ZIP CODE ▲
Connect	ed Organization X Affiliated Committee  fy by name, address (phone number – option	Joint Fundraising	Representa	ative Leadership PAC Spo
Connect			Representa	ative Leadership PAC Spo
Connect  Connect  Designated Agent: Ident			Representa	Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name			Representa	Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name			Representa	Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name	fy by name, address (phone number – option	nal)	Representa	Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name  Mailing Address	fy by name, address (phone number – option	nal)	TATE A	
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – option of the control of the c	Telephone Nur	TATE Amber	ZIP CODE A
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not be boxes or not be boxes. Depository, etc.	fy by name, address (phone number – option of the control of the c	Telephone Nur	TATE Amber	ZIP CODE A

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Page	of	14	

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected Lubrizol Corp Emplo	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Lubile Corp Emplo			
Mailing Address	29400 Lakeland Boulevard		
	Wickliffe	OH	44092
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Represent	ative Leadership PAC Sp
Connecte	d Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Sp
Connecte	d Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification	d Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification	d Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address	Affiliated Committee Jo	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identification	Affiliated Committee Jory by name, address (phone number – optional)		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee  Journal of Organization  Affiliated Committee  Journal of Organization  Journal of Organization  Journal of Organization  Affiliated Committee  Journal of Organization  Journal of Organization  Affiliated Committee  Journal of Organization  Journal of Organization  Affiliated Committee  Affiliated Committee  Journal of Organization  Affiliated Committee  Aff	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee  Journal of Organization  Affiliated Committee  Journal of Organization  Journal of Organization  Journal of Organization  Affiliated Committee  Journal of Organization  Journal of Organization  Affiliated Committee  Journal of Organization  Journal of Organization  Affiliated Committee  Affiliated Committee  Journal of Organization  Affiliated Committee  Aff	STATE A  Telephone Number	ZIP CODE A