FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instru		Office use only	
NAME OF COMMITTEE (in fu	(Check if name is changed)	e Example: If typying, type over the lines	12FE4M5	_
US CENTRAL F	EDERAL CREDIT UNION PO	LITICAL ACTION COMMITTE	E (U.S, CENTR-	لــــــــــــــــــــــــــــــــــــــ
				لــــــــــــــــــــــــــــــــــــــ
ADDRESS (number and str	9701 Renner Bou	ılevard, Suite 100		Ш
(Check if addres	s Lenexa		KS 66219 -	<u></u>
COMMITTEE'S E-MAIL		CITY▲	STATE▲ ZIP CODE ▲	. 1
				<u>—</u> Ц
COMMITTEE'S WEB P.	AGE ADDRESS (URL)			
				Ш
				لـــــ
COMMITTEE'S FAX NU	IMBER			
بنا لبنا	لتتنا			
2. DATE 0 4	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICAT	ION NUMBER	C C00334656		
4. IS THIS STATEME	NT NEW (N) O	X AMENDED (A)		
I certify that I have examine	ed this Statement and to the best of my	y knowledge and belief it is true, correct	and complete	
Type or Print Name of T	reasurer Mr. Francois	Henriquez		
Signature of Treasurer	Electronically Filed by Mr. Fra	ancois Henriquez	Date 04 / 19 / Y Y Y	0 6
NOTE: Submission of false	•	n may subject the person signing this S	tatement to the penalties of 2 U.S.C. S437g. D WITHIN 10 DAYS	
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	hission FEC FORM 1	_

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5.	TYPE OF COMMITTEE (Check One)	
	(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. (Complete the	candidate
	information below.) Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a (National, State (or subordinate) committee of the Richard (in State (or subordinate) committee of the (in State (or subordinate) committee or subordinate (or subordinate) committee (o	Democratic, epublican,etc.) Party. und or party
6. 	Name of Any Connected Organization or Affiliated Committee U.S. Central Federal Credit Union	.
	Mailing Address 9701 Renner Boulevard	
	Suite 100	6219
	CITY ≜ STATE ▲	ZIP CODE
	Relationship Connected	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organiza	tion
	Membership Organization Trade Association X Cooperative	

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Write or Type Committee Name

US CENTRAL	FEDERAL	CREDIT I	INION	POLITICAL	ACTION C	OMMITTEE	/II S	CENTRAL	PAC
US CENTRAL	FEDERAL	CHEDII		POLITICAL	ACTION C		(U.S.	CENTRAL	PAC.

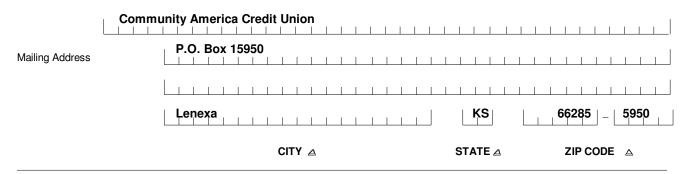
	Records: Identify by f Committee books a	name, address, (phone number n	er optional), and p	osition of th	e person in	
Full Name	Nancy DeSmet	:				
Mailing Address		8019 W. 113th Street				
		Overland Park		KS_	66210 _	
Title or Position	v	CITY A	S	ATE.	ZIP COL	E 🛦
	Assistant Treasur	er	Telephone numbe	913	227	6338
		ress (phone number optionated agent (e.g., assistant treas		the commit	itee; and the	
Full Name of Treasurer	Mr. Francois H	lenriquez				
Mailing Address		1436 E. 920 Road				
Mailing Address		1436 E. 920 Road Lawrence		KS	66049	
Mailing Address Title or Position				KS	66049 ZIP COI	DE A
		Lawrence CITY A	S [*]	TATE ≜		
		Lawrence CITY A		TATE ≜	ZIP COI	
Title or Position Full Name of Designated	SVP/General Cour	Lawrence CITY A		TATE ≜	ZIP COI	
Title or Position Full Name of Designated Agent	SVP/General Cour	Lawrence CITY A		TATE ≜	ZIP COI	DE A 6035
Title or Position Full Name of Designated Agent	SVP/General Coul Nancy DeSmet	Lawrence CITY A nsel 8019 W. 113th Street	Telephone numbe	913	ZIP COI	6035

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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.

Name of Bank, Depository, etc.



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Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository,	ntains funds.	other depositories in which the com	•	accounts, rents
Mailing Address		CITY A	STATE △	ZIP CODE A
Name of Any Connected	Organization or Affilia	ted Committee	[/	ADDITIONAL]
Mailing Address				
		CITY	STATE ▲	ZIP CODE
Relationship				
Type of Connected Organiz	zation:		_	
Corporation		Corporation w/o Capital Stock	Labor Orga	nization
Membership Orga	anization	Trade Association	Cooperative)

Designated Agent			[ADDITIONAL]
Full Name	<i>i</i> Sears		
Mailing Address	11006 W. 127th Terrace		
	Overland Park	KS	66213
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
Assistant Trea	surer	913	227 6003