FEC FORM 1

STATEMENT OF ORGANIZATION

PAGE 1 / 14 =

FORM 1		J	ngan	1 4 71														
4 NAME OF												Off	ice L	lse Or	nly			
 NAME OF COMMITTEE (in 	n full)		Check if names changed)		xample: ver the l		ı, type		12	FE4	М5							
ACME BRICK	K COMF	PANY (GOOD G	OVER	NME	NTF	UNE) F(OR	FE	DE	ER/	٩L	EL	EC	TIC	NS	3
ADDRESS (number a	nd street)	P. O. Box	< 425															
(Check if a is changed																		Ш
J	,	FORT W	ORTH						LTX			761	01			L	ı	Ш
		Cl	TY▲						STA	TE 🔺				ZI	P C	DDE 4	\	
COMMITTEE'S E-MA	AIL ADDRES	SS																
(Check if a is changed		cthomas	@brick.com															
		Optional	Second E-Ma	il Address														
																		Ш
COMMITTEE'S WEB (Check if a is changed	address	RESS (UF	RL)															
2. DATE 0	7 25	D / Y	2019															
3. FEC IDENTIFIC	CATION NU	MBER ▶	. C	C00424	1010													
4. IS THIS STATEM	MENT	NEW	(N) O I	R	×	AMEND	ED (A))										
I certify that I have e	examined this	s Stateme	nt and to the	best of m	y knowle	edge an	d belie	ef it is	true	, coi	rect	and	con	plete).			
Type or Print Name	of Treasurer	Thomas	, Christy, L, ,															
Signature of Treasure	er T <u>homa</u>	as, Christy,	L, ,					[Date		02	/	D (04	′	202		Y
NOTE: Submission of	false, erroned		omplete inform	-			_	-					pena	ılties	of 52	U.S.0	C. §3	30109.
Office Use Only					Feder Toll F	urther inf al Electio ree 800-4 202-694-	n Comm 24-9530	nission						C F		M 1 2012)		

FE	C Form 1 (Revised 03/2022)	Page 2
5.	TYPE OF COMMITTEE:	
	Candidate 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. (Complete the cand information below.)	idate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	tate
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected orga	nization is a:
	X Corporation Corporation w/o Capital Stock Labor Organiza	ation
	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 committee. (i.e., nonconnected committee)	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 for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political
	Committees Participating in Joint Fundraiser	
	1C	

FEC Form	1 (Revised 02/2009) Pa	ige

	FEC Form 1 (Revised (02/2009)			Page 3
W	/rite or Type Committee Name	3			
	ACME BRICK CO	MPANY GOOD GOVERNME	NT FUND FO	OR FEDEI	RAL ELECTIONS
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint	Fundraising Repre	esentative, or	Leadership PAC Sponsor
	Berkshire Hathaway	Energy Company PAC			
	Mailing Address	666 Grand Avenue			
		P. O. Box 657			
		Des Moines		LIA	50306-0657
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization	Joint Fundraising	Representative	Leadership PAC Spons
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number opti	onal) and position o	of the person in	possession of committee
	Thomas, C	Christy, L, ,			
	Full Name				
	Mailing Address	P. O. Box 425			
		Fort Worth		LTX	76101-0425
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Accountant		Telephone num	nber 817	390 2426
8.	Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the assistant treasurer).	ne treasurer of the	committee; an	d the name and address of
		Christy, L, ,			
	of Treasurer				
	Mailing Address	P. O. Box 425			
		Fort Worth		TX	76101-0425
	Title or Decition —	CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼			_	
	Accountant		Telephone num	nber 817	- 390 - 2426

Telephone number

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Watson, Ed, , Mr.,	
Mailing Address	1505 Oaklawn Ct.	
	Aledo	TX 76008
Title or Position	CITY ▲	STATE ▲ ZIP CODE ▲
Sr VP - Production	n .	none number 817 - 390 - 2472
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the exes or maintains funds.	committee deposits funds, holds accounts, rents
Name of Bank, D	epository, etc.	
	JPMorgan Chase Bank, N.A.	
Mailing Address	P. O. Box 2050	
	Fort Worth	TX 76113
	CITY ▲	STATE ▲ ZIP CODE ▲
Name of Bank, D	pepository, etc.	
Mailing Address		
	CITY ▲	STATE ▲ ZIP CODE ▲

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

Amendment to report Lubrizol Corp Employees PAC as an affiliated committee .

Form/Schedule: Transaction ID:

	14 ء۔	
Page	of ¹⁴	

1.						
I				FEC ID r	umber	С
2				FEC ID r	umber	С
3.				FEC ID r	umber	С
4.	1 1 1 1 1 1	1 1 1 1 1 1		FEC ID r	umber	С
						
					sentative	or Leadership PAC Spons
Gover	rnment Employe	es Insurance Co	mpany Political Actior	Committee		
Mai	iling Address	One Geico Plaza				
		Washington		, , , , , ,	DC	20076
Rela	ationship:		CITY A		STATE A	ZIP CODE ▲
esignate	ed Agent: Identify	by name, address	(phone number – option	nal)		
esignat Full N		by name, address	(phone number – option	nal)		
Full N		by name, address	(phone number – option	nal)		
Full N	Name	by name, address	(phone number – option	nal)		
Full N	Name	by name, address	(phone number – option	nal)		
Full N	Name		(phone number – option		ATE A	ZIP CODE A

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

Page ___ **of** ____

1.	g Participant:		
		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint I c. Federal Political Action Committee	Fundraising Representativ	e, or Leadership PAC Spon
	4747 McLane Parkway		
Mailing Address			
	Temple	, TX ,	, 76503
Relationship:			ZIP CODE ▲
neialionship.	CITY ▲	STATE ▲	ZIP CODE A
Full Name			
Mailing Address			
Mailing Address			
Mailing Address			
Mailing Address TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	CITY A	STATE ▲ Telephone Number	ZIP CODE A
TITLE OR POSITION	ries: List all banks or other depositories in vaintains funds.	Telephone Number	ts funds, holds accounts, rent
anks or Other Depositor defety deposit boxes or material ame of Bank, epository, etc.	ries: List all banks or other depositories in vaintains funds.	Telephone Number	ts funds, holds accounts, rent

D	-4	14	
Page	of	17	

	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
_	d Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
MidAmerican Energ	y Company PAC		
Mailing Address	666 Grand Avenue		
	P. O. Box 657		
	Des Moines	IA I	50306-0657
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident	ify by name, address (phone number – optiona		ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optiona	l)	
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optional content of the conte	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITIO anks or Other Depositatety deposit boxes or research.	ify by name, address (phone number – optional content of the conte	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	cify by name, address (phone number – optional content of the con	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITIO anks or Other Depositatety deposit boxes or reame of Bank,	cify by name, address (phone number – optional content of the con	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent
Full Name Full Name Mailing Address TITLE OR POSITIO anks or Other Depositatety deposit boxes or reame of Bank, epository, etc.	cories: List all banks or other depositories in what into a funds.	STATE Telephone Number inich the committee deposi	ZIP CODE A ts funds, holds accounts, rent
Full Name Full Name Mailing Address TITLE OR POSITIO anks or Other Depositatety deposit boxes or reame of Bank, epository, etc.	cories: List all banks or other depositories in what into a funds.	STATE Telephone Number inich the committee deposi	ZIP CODE A ts funds, holds accounts, rent

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

Page ___ **of** ____

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
-	I Organization, Affiliated Committee, Joint Function RAILPAC (BNSF RAILPAC)	draising Representative	e, or Leadership PAC Spon
Mailing Address	P.O. Box 961039		
	Suite 220		
	Fort Worth		76161
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number - optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ pries: List all banks or other depositories in which anintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	CITY ▲ CITY ▲ pries: List all banks or other depositories in which anintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which anintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which anintains funds.	Telephone Number	s funds, holds accounts, rent

	_	14	
Page	of	14	

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
-	IFIC POWER/ROCKY MOUNTAIN POWER		
Mailing Address	825 N E MULTNOMAH SUITE 2000 LCT		
	PORTLAND	OR	97232
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Join fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	elephone Number	s funds, holds accounts, rent
esignated Agent: Identification of Bank, — Id	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	Telephone Number	s 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 Ories: List all banks or other depositories in which naintains funds.	Telephone Number	s 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 Ories: List all banks or other depositories in which naintains funds.	Telephone Number	s funds, holds accounts, rent

Dogo	of	14	
Page	OT		

h). Joint Fundrais i	ing i artiolpariti		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected Acme Brick Compar	d Organization, Affiliated Committee, Joint Fu	indraising Representativ	e, or Leadership PAC Spon
Tromo Briok Compar	,, 		
Mailing Address	P. O. Box 425		
	Fort Worth		76101
Relationship:	CITY A	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee	loint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident	fy by name, address (phone number – optional		ZIP CODE A
esignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optional		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional CITY CITY ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – optional CITY CITY ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional CITY CITY ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional CITY CITY ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A

		14	
Page	of	14	

h). Joint Fundraisi	.g . apa		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
_	Organization, Affiliated Committee, Joint Ful	ndraising Representativ	e, or Leadership PAC Spon
NETJETS INC PAC			
Mailing Address	4111 BRIDGEWAY AVENUE		
	COLUMBUS	OH	43219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
		oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	Ative 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)	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	cories: List all banks or other depositories in whi aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in whi aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in whi aintains funds.	STATE A Telephone Number	ZIP CODE A

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

Page ____ **of** ____

	ng Participant:		
1.		FEC ID num	ber C
2.		FEC ID num	ber C
3.		FEC ID num	ber C
4.		FEC ID num	ber C
-	d Organization, Affiliated Committee, Joint	Fundraising Represen	tative, or Leadership PAC Spons
NV ENERGY POLIT	ICAL ACTION COMMITTEE		
Mailing Address	P.O. BOX 81500		
-	ATTN: JOHN J. VINSKI, TREASURER		
	LAS VEGAS	N	V 89180
Relationship:	CITY ▲	STAT	E ▲ ZIP CODE ▲
0	ed Organization X Affiliated Committee	Joint Fundraising Repre	esentative Leadership PAC Spo
	fy by name, address (phone number – option	al)	
Full Name	fy by name, address (phone number – option	al)	
	fy by name, address (phone number – option	al)	
Full Name	ty by name, address (phone number – option	al)	
Full Name			ZIP CODE A
Full Name	CITY	STATE	
Full Name _ _ Mailing Address TITLE OR POSITION	CITY		
Full Name _ _ Mailing Address TITLE OR POSITION	CITY A	STATE	
Full Name Mailing Address TITLE OR POSITION	CITY ▲ ories: List all banks or other depositories in v	STATE Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or many safe	CITY ▲ ories: List all banks or other depositories in v	STATE Telephone Number	
Full Name Mailing Address TITLE OR POSITION	CITY ▲ ories: List all banks or other depositories in variantains funds.	STATE Telephone Number which the committee de	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit bafety deposit boxes or management of Bank,	CITY ▲ ories: List all banks or other depositories in variantains funds.	STATE Telephone Number which the committee de	eposits funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or management of Bank, Depository, etc.	CITY ▲ ories: List all banks or other depositories in variations funds.	STATE Telephone Number which the committee de	eposits funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or management of Bank, Depository, etc.	CITY ▲ ories: List all banks or other depositories in variations funds.	STATE Telephone Number which the committee de	eposits funds, holds accounts, rents

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

Page ___ **of** ____

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Lubrizol Corp Emplo	yees PAC 		
Mailing Address	29400 Lakeland Boulevard		
			1 1 1 1 1 1 1 1 1
	Wickliffe	OH	44092
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joi	nt Fundraising Represent	ative Leadership PAC Sp
Connecte		nt Fundraising Represent	ative Leadership PAC Sp
Connecte		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identification	y by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	city by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whice aintains funds.	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.	city by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A