FEC FORM 1	STATEMEN ORGANIZAT (See instructions)	-	Office use only				
1. NAME OF COMMITTEE (in t	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5				
KCPL Power P	AC - Federal						
ADDRESS (number and street) PO Box 418679							
(Check if addre	Kansas City		MO 64141 9679				
COMMITTEE'S E-MAI		TY	STATE▲ ZIP CODE ▲				
COMMITTEE'S WEB PAGE ADDRESS (URL)							
[
COMMITTEE'S FAX N	UMBER						
2. DATE 0 1	/ D D / Y Y Y 03 / 2007						
3. FEC IDENTIFICA	TION NUMBER C	C00111310					
4. IS THIS STATEMENT NEW (N) OR X 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 Paul Schmiege							
Signature of Treasurer Electronically Filed by Paul Schmiege Date Date							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS							
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100					

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TYPE OF COMMITTEE	E (Check One)			
(a) This co	ommittee is a principal campaign committee. (Complete the candidate information below.)			
(-)	ommittee is an authorized committee, and is NOT a principal campaign committee. (Comp ation below.)	e is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate elow.)		
Name of Candidate				
Candidate Party Affiliation	Office Sought: House Senate Presid	State		
(c) This con	mmittee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
(d) This con	(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Par		
(e) X This con	mmittee is a separate segregated fund			
(f) This con	mmittee supports/opposes more than one Federal candidate, and is NOT a separate seg	regated fund or party		
	ted Organization or Affiliated Committee			
Name of Any Connect	eted Organization or Affiliated Committee			
Name of Any Connect				
Name of Any Connect	Political Action Committee			
Name of Any Connect	Political Action Committee Two Gateway Center 9th Floor Political Action Committee Pittsburgh Paint			
Name of Any Connect	Political Action Committee			
Name of Any Connect	Political Action Committee Two Gateway Center 9th Floor Pittsburgh CITY STATE ganization:			

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Write or Type Cor	mmittee Name							
KCPL Powe	er PAC - Fede	ral						
	custodian of Records: Identify by name, address, (phone number optional), and position of the person in ossession of Committee books and records.							
Full Name	Nancy Orcutt Full Name							
Mailing Address		P O Box 418679						
		Kansas City	MO	641419679				
Title or Position	n ¥	CITY 🛦	STATE	ZIP CODE 🛦				
	PAC Admin	istrator	816 Telephone number					
3. Treasurer: L name and ad Full Name	ddress of any c	nd address (phone number optio lesignated agent (e.g., assistant tre	nal) of the treasurer of the compasurer).	mittee; and the				
of Treasurer	Paul Scl	-						
Mailing Addres	SS	PO Box 418679						
		Kansas City	MO	64141 – 9679				
Title or Position	n ¥	СІТУ 🛦	STATE▲	ZIP CODE				
			Telephone number816	5562659				
Full Name of Designated Agent								
Mailing Addres	SS							
				_				
Title or Position	n ∀	CITY 🛦	STATE A					
			Telephone number					

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
		Bank of America			
	Mailing Address				
		Tampa FL S3622	_ 5118		

CITY 🛆