FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	`	Office use only
NAME OF COMMITTEE (in f		ple: If typying, type he lines 12FE4	1M5
KCPL Power P	AC - Federal		
		<u> </u>	
ADDRESS (number and s	PO Box 418679		
(Check if addre	SS Kansas City	<u>мо</u>	64141 – 9679
COMMITTEE'S E MAII	CITY▲	STATE	ZIP CODE ▲
committee's e-mail			1
1			
COMMITTEE'S WEB F	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N	UMBER		
بنا لينا			
2. DATE 0 1	0 3 / Y Y Y Y Y Y Y		
3. FEC IDENTIFICAT	C C001	111310	
4. IS THIS STATEM	ENT NEW (N) OR X	AMENDED (A)	
I certify that I have examin	ed this Statement and to the best of my knowledge and	belief it is true, correct and complete	
Type or Print Name of 1	reasurer Paul Schmiege		
Signature of Treasurer	Electronically Filed by Paul Schmiege	Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	ee, erroneous, or incomplete information may subject the		•
Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)			
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	andidate		
	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			
		emocratic, publican,etc.) Party. nd or party		
3.	Name of Any Connected Organization or Affiliated Committee  Strategic Energy Political Action Committee			
L				
	Mailing Address  Two Gateway Center 9th Floor			
	CITY▲ STATE▲	ZIP CODE A		
	Relationship			
Type of Connected Organization:				
	X Corporation Corporation w/o Capital Stock Labor Organization	on		
	Membership Organization Trade Association Cooperative			

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Write or Type Committee Name	9				
KCPL Power PAC - Fe	ederal				
<ol> <li>Custodian of Records: I possession of Committee</li> </ol>	dentify by name, address, (phone number optional), and position of the person in e books and records.				
Full Name Nanc	y Orcutt				
Mailing Address	P O Box 418679				
	Kansas City		64141 _ 9679		
Title or Position ♥	CITY A	STATE▲	ZIP CODE A		
PAC Adr	ministrator	Telephone number			
8. <b>Treasurer:</b> List the nam name and address of ar	e and address (phone number optionary designated agent (e.g., assistant treas	al) of the treasurer of the community	nittee; and the		
Full Name of Treasurer Paul	Schmiege				
Mailing Address	PO Box 418679				
	Kansas City	_MO	64141 9679		
Title or Position ♥	CITY A	STATE▲	ZIP CODE A		
		Telephone number 816	5562659		
Full Name of Designated Agent					
Mailing Address					
Title or Decition **	OITV 4				
Title or Position ♥	CITY A	STATE A	ZIP CODE 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, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

