| Image# 201707259069810812                                  | mage# 201707259069810812                                     |  |                               |                                 |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|-------------------------------|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| FEC<br>FORM 1  | STATEMEN<br>ORGANIZ  | _  |                               | PAGE 1 / 5                      |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Office Use Only               |                                 |  |  |  |  |  |  |  |  |  |  |  |
| 1. NAME OF<br>COMMITTEE (in full)                          | (Check if name<br>is changed)                                | Example: If typing, type over the lines.   | 12FE4M5                       |                                 |  |  |  |  |  |  |  |  |  |  |  |
| Golf Course Superin  | tendents Association   | of America Political A   | Action Commi                  |                                 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |                               |                                 |  |  |  |  |  |  |  |  |  |  |  |
| ADDRESS (number and street)                                | 1421 Research Park Drive                                     |  |                               |                                 |  |  |  |  |  |  |  |  |  |  |  |
| <ul> <li>(Check if address<br/>is changed)</li> </ul>      |  |  |                               |                                 |  |  |  |  |  |  |  |  |  |  |  |
|  | Lawrence<br>└────────────────────────────────────            |  | KS 66 <sup>i</sup><br>STATE ▲ | 049<br>[]<br>ZIP CODE▲          |  |  |  |  |  |  |  |  |  |  |  |
| COMMITTEE'S E-MAIL ADDF                                    | ESS  |  |                               |                                 |  |  |  |  |  |  |  |  |  |  |  |
| (Check if address is changed)                              | cmckeel@gcsaa.org  |  |                               |                                 |  |  |  |  |  |  |  |  |  |  |  |
|  | Optional Second E-Mail Add                                   | dress  |                               |                                 |  |  |  |  |  |  |  |  |  |  |  |
| COMMITTEE'S WEB PAGE A<br>(Check if address<br>is changed) | DDRESS (URL)   |  |                               |                                 |  |  |  |  |  |  |  |  |  |  |  |
| 2. DATE 07   | 15 <sup>7</sup> Y Y Y Y<br>2017                              |  |                               |                                 |  |  |  |  |  |  |  |  |  |  |  |
| 3. FEC IDENTIFICATION I                                    | NUMBER ► C co  | 00651430   |                               |                                 |  |  |  |  |  |  |  |  |  |  |  |
| 4. 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          | d complete.                     |  |  |  |  |  |  |  |  |  |  |  |
| Type or Print Name of Treasu                               | rer McKeel, Chava, E, ,                                      |  |                               |                                 |  |  |  |  |  |  |  |  |  |  |  |
| Signature of Treasurer                                     | Keel, Chava, E, ,  | [Electronically Filed]   | Date 07                       | / D D / Y Y Y Y<br>25 / 2017    |  |  |  |  |  |  |  |  |  |  |  |
| NOTE: Submission of false, erro                            | neous, or incomplete information<br>ANY CHANGE IN INFORMATIO | may subject the person signing t<br>ON SHOULD BE REPORTED W  |                               | e penalties of 2 U.S.C. §437g.  |  |  |  |  |  |  |  |  |  |  |  |
| Office<br>Use<br>Only                                      |  | For further information c<br>Federal Election Commissi<br>Toll Free 800-424-9530<br>Local 202-694-1100 |                               | FEC FORM 1<br>(Revised 06/2012) |  |  |  |  |  |  |  |  |  |  |  |

07/25/2017 16 : 49

| -                           |  |
|-----------------------------|--|
| FEC FC                      | orm 1 (Revised 02/2009) Page 2   |
| TYPE OF O                   | COMMITTEE  |
| Candidat                    | e 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 candidate information below.)  |
| Name of<br>Candidate        |  |
| Candidate<br>Party Affiliat | tion Office Sought: House Senate President District  |
| (C)                         | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |
| Name of<br>Candidate        |  |
| Party Cor                   | mmittee:   |
| (d)                         | This committee is a       (National, State<br>or subordinate) committee of the       (Democratic,<br>Republican, etc.) Pa  |
| Political A                 | Action Committee (PAC):  |
| (e) X                       | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization i  |
|                             | Corporation Corporation w/o Capital Stock Labor Organization   |
|                             | 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 or pa committee. (i.e., nonconnected committee)   |
|                             | In addition, this committee is a Lobbyist/Registrant PAC.  |
|                             | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |
| Joint Fun                   | draising Representative:   |
| (g)                         | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. |
| (h)                         | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.         |
| Con                         | nmittees Participating in Joint Fundraiser   |
| 1.                          | FEC ID number  |
| 2.                          | FEC ID number  |
| 3.                          | FEC ID number  |
| 4.                          | FEC ID number  |

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Golf Course Superintendents Association of America Political Action Committee (GCSAAPAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| Golf Course Superinter   | ndents Association of America |       |                |  |  |  |  |  |  |  |  |  |
|--|-------------------------------|-------|----------------|--|--|--|--|--|--|--|--|--|
|  |                               |       |                |  |  |  |  |  |  |  |  |  |
| Mailing Address  | 1421 Research Park Drive      |       |                |  |  |  |  |  |  |  |  |  |
|  |                               |       |                |  |  |  |  |  |  |  |  |  |
|  |                               | KS    | 66049          |  |  |  |  |  |  |  |  |  |
|  | CITY                          | STATE | STATE ZIP CODE |  |  |  |  |  |  |  |  |  |
| Relationship: 🗴 Connected Organization 🛛 Affiliated Committee 🚺 Joint Fundraising Representative 🚺 Leadership PAC Sponso |                               |       |                |  |  |  |  |  |  |  |  |  |

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| McKeel, C         | hava, E, ,               |      |
|-------------------|--------------------------|------|
| Full Name         |                          |      |
| Mailing Address   | 1421 Research Park Drive |      |
|                   |                          |      |
|                   | Lawrence KS 66049        |      |
| Title or Position | CITY STATE ZIP CODE      |      |
|                   | Telephone number 785 832 | 3619 |

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name<br>of Treasurer | McKeel, Chava, E, ,                                   |
|---------------------------|---|
| Mailing Address           | 1421 Research Park Drive                              |
|                           |   |
|                           | Lawrence  |
|                           | CITY STATE ZIP CODE                                   |
| Title or Position         | Telephone number     785     -     832     -     3619 |

FEC Form 1 (Revised 02/2009)

| Full Name of<br>Designated<br>Agent | Helland, Robert, , , Jr                   |
|-------------------------------------|---|
| Mailing Address                     | 1421 Research Park Drive                  |
|                                     |   |
|                                     | Lawrence KS 66049                         |
|                                     | CITY STATE ZIP CODE                       |
| Title or Position                   | Telephone number     785     832     3659 |

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.

| Comm                      | erce Bank           |                |  |  |  |  |  |  |  |  |  |  |
|---------------------------|---------------------|----------------|--|--|--|--|--|--|--|--|--|--|
| Mailing Address           | 1500 Wakarusa Drive |                |  |  |  |  |  |  |  |  |  |  |
|                           |                     |                |  |  |  |  |  |  |  |  |  |  |
|                           | Lawrence            | KS             |  |  |  |  |  |  |  |  |  |  |
|                           | CITY                | STATE ZIP CODE |  |  |  |  |  |  |  |  |  |  |
| Name of Bank, Depository, | etc.                |                |  |  |  |  |  |  |  |  |  |  |
|                           |                     |                |  |  |  |  |  |  |  |  |  |  |
| Mailing Address           |                     |                |  |  |  |  |  |  |  |  |  |  |
|                           |                     |                |  |  |  |  |  |  |  |  |  |  |
|                           |                     |                |  |  |  |  |  |  |  |  |  |  |
|                           | CITY                | STATE ZIP CODE |  |  |  |  |  |  |  |  |  |  |

| Ima  | ge# 201707259069810816                               |   |                             |
|------|--|---|-----------------------------|
|      | FEC Form 1S (Revised 02/20                           | 17) Optional Supplemental Information<br>for Lines 5(g) or (h), 6, 8 and/or 9 | Page _5_ of 5               |
| 5(g) | or(h). Joint Fundraising                             | Participant:  |                             |
|      | 1. 🛛 📋 👘 👘   | FEC ID number   | С                           |
|      | 2.   | FEC ID number   | C                           |
|      | 3.   | FEC ID number   | С                           |
|      | 4.   | FEC ID number   | C                           |
| 6.   | Name of Any Connected C                              | organization, Affiliated Committee, Joint Fundraising Representative          | , or Leadership PAC Sponsor |
|      |  |   |                             |
|      |  |   |                             |
|      | Mailing Address                                      |   |                             |
|      |  |   |                             |
|      |  |   |                             |
|      | Relationship:  | CITY ▲ STATE ▲  | ZIP CODE                    |
|      | Connected  | Organization Affiliated Committee Joint Fundraising Representat               | tive Leadership PAC Sponsor |
| 8.   | Designated Agent: Identify<br>Oury, Cam<br>Full Name | by name, address (phone number – optional)<br>eron,,,                         |                             |
|      | Mailing Address                                      | 1421 Research Park Drive  |                             |
|      |  |   |                             |
|      |  | Lawrence KS   | 66049                       |
|      | TITLE OR POSITION                                    | CITY A STATE A  | ZIP CODE                    |
|      |  |   | 85 - 832 - 4402             |

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,<br>Depository, etc. |   | <br> |  |  |   |    |     |  |  |  |  |  |   |     |    |  |   |   |     |   |    |     |  |   |
|-----------------------------------|---|------|--|--|---|----|-----|--|--|--|--|--|---|-----|----|--|---|---|-----|---|----|-----|--|---|
| Mailing Address                   | L |      |  |  |   |    |     |  |  |  |  |  |   |     |    |  |   |   |     |   |    |     |  |   |
|                                   | L |      |  |  |   |    |     |  |  |  |  |  |   |     |    |  |   |   |     |   |    |     |  |   |
|                                   | L |      |  |  |   |    |     |  |  |  |  |  |   |     |    |  | L |   |     |   |    |     |  |   |
|                                   |   |      |  |  | С | ۲I | ( 🔺 |  |  |  |  |  | S | TAT | E. |  |   | 2 | ZIP | C | DD | E 🔺 |  | I |