Image# 29933399832	
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in	full) (Check if name Example: If typying, type over the lines	12FE4M5
	JND; THE	
ADDRESS (number and	10 Sentry Parkway	<u> </u>
(Check if address is changed)	Suite.200	PA 19422 -
	CITY	STATE ZIP CODE
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail address)	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE <b>0.3</b>		
3. FEC IDENTIFICA	TION NUMBER C C00381194	]
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct and	d complete
Type or Print Name of		·
Signature of Treasurer	Electronically Filed by Scott M Badami	Date 03 / 27 / Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	
Office Use Only	For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

(Revised	02/2009)
(11041000	02/2000)

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		FEC F	orm 1 (Revised 02/2009)	Page 2
5.	TYPE	OF CC	DMMITTEE (Check One)	
Candidate C			ommittee:	
	(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 th information below.)	e candidate
	Name Cand			
	Cand Party	lidate Affiliatio	on Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand			
	Party	Comm	ittee:	
	(d)		This committee is a (National, State   (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politi	cal Act	ion Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	l organization is a:
			Corporation Corporation w/o Capital Stock	oor Organization
			Membership Organization Trade Association Co	operative
	(1)		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	Fundra	ising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
		Com	nittees Participating in Joint Fundraiser	

1.	FEC ID number	C
2.	FEC ID number	C
3.	FEC ID number	C
4.	FEC ID number	C

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Write or Type Committee Name

SHOW - ME FUND; THE

Title or Position ¥

6. Name of Any Cor	nected Org	anization, Affiliated Committee, Joint Fu	undraising Representative, or Le	adership PAC Sponsor
	<b>N</b>			
Mailing Address		1814 Franklin Avenue		
		Lexington	μ	64067
		СІТҮ	STATE 🛦	ZIP CODE 🔺
Relationship:	rganization	Affiliated Committee	loint Fundraising Representative	X Leadership PAC Sponsor
	ommittee	ntify by name, address, (phone numl books and records. Badami	per optional), and position o	f the person in
Mailing Address		10 Sentry Parkway		
Maining Address		Suite 200		
		Blue Bell	РА	19422 _
Title or Position ¥		CITY 🛦	STATE	
			Telephone number	
		and address (phone number option designated agent (e.g., assistant tre		mittee; and the
Full Name of Treasurer	Scott M	l Badami		
Mailing Address		10 Sentry Parkway		
-		Suite 200		
		Blue Bell	PA	19422

CITY A STATE A ZIP CODE A

Telephone number

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Full Name of Designated Agent	Scott M Badami		
Mailing Address	10 Sentry Parkway		
	Suite 200		
	Blue Bell	PA	19422
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE 🔺
Treasu	rer Telep	hone number610	3977974
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. <b>ank of America</b>	ommittee deposits funds, h	olds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. ank of America	ommittee deposits funds, h	olds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. ank of America 700 13th Street, N.W.		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. <b>ank of America</b> <b>700 13th Street, N.W.</b> Washington		
safety deposit boxes or m Name of Bank, Depositor Ba	naintains funds. ry, etc. 700 13th Street, N.W. Washington CITY A		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. 700 13th Street, N.W. Washington CITY A		
safety deposit boxes or m Name of Bank, Depositor Ba	naintains funds. ry, etc. 700 13th Street, N.W. Washington CITY A		
safety deposit boxes or m Name of Bank, Depositor Ba	naintains funds. y, etc. <b>ank of America</b> 700 13th Street, N.W.   Washington  CITY ▲	     	
safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. y, etc. 700 13th Street, N.W. Washington CITY A y, etc.	     	
safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. y, etc. 700 13th Street, N.W. Washington CITY A y, etc.	     	

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	50)		i ugo
Banks or Other Depositories:	List all banks or other depositories in which the committee deposits funds,	holds accounts,	rents
safety deposit boxes or maintains fu	inds.		
Name of Dauly Damasitany, etc.			ΟΝΔ

safety deposit boxes or mainta Name of Bank, Depository, etc			[ ADDITIONAL ]
Mailing Address			
	CITY 🗖	STATE <b>⊿</b>	ZIP CODE
Name of Any Connected Ord	ganization, Affiliated Committee, Joint Fundraising Re	presentative, or Leade	[ ADDITIONAL ]
			····· <b>p</b> ······
Mailing Address	1814 Franklin Avenue		
-			
	Lexington		64067 
Relationship:	CITY	STATE 🛦	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Re	presentative X Lea	dership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼		STATE	
	Teleph	none number	
Joint Fundraiser Participant			[ ADDITIONAL ]
1		EC ID number	