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FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZA	ATION		
1 Ortivi 1	(See instruction	ns)		Office use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	1 1
Clapham PAC				
ADDRESS (number and	street) 11310 Grandview Rd			
(Check if addres	s <u> </u>			
is changed)	Kansas City		MO	64137 -
		CITY▲	STATE	ZIP CODE 📥
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-r	,		
(Check if addressis changed)	s treasurer@claphamp	eac.org		
is changes,				
COMMITTEE'S WED	PAGE ADDRESS (URL)			
	www.ClanhamPAC.or	ra		
(Check if addres is changed)	s []]]]]]]			
2. DATE M 1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	ATION NUMBER	C C00487314		
4. IS THIS STATEM	MENT X NEW (N) OR	AMENDED (A)		
I certify that I have exam	ined this Statement and to the best of my know	wledge and belief it is true, correct a	and complete	
,	·	-		
Type or Print Name of	Treasurer Mark Andrew Ols	son		
Signature of Treasure	Electronically Filed by Mark Andr	rew Olson	Date 111	19 2010
NOTE: Submission of fa	alse, erroneous, or incomplete information may	subject the person signing this Sta	atement to the penalt	ies of 2 U.S.C. §437g.
	ANY CHANGE IN INFORMAT	TION SHOULD BE REPORTED	WITHIN 10 DAYS	S
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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5.	TYPE OF CO	DMMITTEE (Check One)	
	Candidate C	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 information below.)	candidate
	Name of Candidate		
	Candidate Party Affiliati	on Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Comm		
	(d)		Democratic, epublican,etc.) Party.
	Political Act	ion Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	rganization is a:
		Corporation Corporation w/o Capital Stock Labor	Organization
		Membership Organization Trade Association Coop	erative
		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 fu committee. (i.e., nonconnected committee)	ind or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		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 m committees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate.	ore political
	Com	mittees Participating in Joint Fundraiser	
		1. FEC ID number	
		2 FEC ID number C	
		3. FEC ID number	
		FEC ID number	

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Write or Type Comr	nittee Name				
Clapham PA	С				
6. Name of Any C	onnected Org	ganization, Affiliated Committee,	Joint Fundraising Repres	sentative, or Leade	rship PAC Sponsor
NONE					
				1 1 1 1 1	
Mailing Address					
		CITY		STATE A	ZIP CODE
Relationship:					
Connected	Organization	Affiliated Committee	Joint Fundraising Re	epresentative	Leadership PAC Sponsor
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.				
Full Name	Mark A	ndrew Olson			
Mailing Address		11628 Tomahawk Creek Pkwy			
		Apt K			
		Leawood		_KS	66211
Title or Position	V	CITY A		STATE	ZIP CODE A
	Executive	Director	Telephone nu	umber	577 3364
name and ad	Mayle Andrew Olean				
	11600 Tomokovik Creek Plant				
Mailing Address	3				
		Apt K Leawood		KS	66211 _
Title or Position	V	CITY A		STATE	ZIP CODE A
	Executive	Director	Talambana	715	_ 577 _ 3364
			Telephone n	u1110 C 1	

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	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ▼	CITY A	STATE A	ZIP CODE A
		Tele	phone number	
9.	Banks or Other Depos safety deposit boxes or Name of Bank, Deposit	maintains funds.	committee deposits funds, ho	ds accounts, rents
		Commerce Bank		
	Mailing Address	112829 South 71 Highway		
		Grandview	MO	64030 _
		CITY 🗻	STATE △	ZIP CODE 🛕
	Name of Bank, Deposit	ory, etc.		
	L.	JS Bank		
	Mailing Address	11204 Holmes Rd		
		Kansas City	MO	64131
		CITY 🙇	STATE▲	ZIP CODE 🛕