

**FEC FORM 3**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED.  
BY THE CLERK OF THE SENATE

14 OCT 15 PM 5:25

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

Alison for Kentucky

ADDRESS (number and street) 340 Democrat Drive

Check if different than previously reported. (ACC)

Frankfort KY 40601

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE STATE DISTRICT

C C00547083

3. IS THIS REPORT NEW OR AMENDED

NEW (N)

AMENDED (A)

KY 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period MM/07 / DD/01 / YYYY 2014 through MM/09 / DD/30 / YYYY 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert C. Stilz III

Signature of Treasurer Robert C. Stilz III Date MM/10 / DD/14 / YYYY 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 7 columns and 1 row.

FEC FORM 3 (Revised 02/2003)

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