

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Kentucky Opportunity Coalition		3. FEC Identification Number C C90014861
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported P.O. Box 6067		
(c) City, State and ZIP Code Louisville KY 40206		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report☐ July 15 Quarterly Report☐ 24-Hour Report☐ October 15 Quarterly Report☒ 48-Hour Report☐ January 31 Year-End Reportb) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

M	M	

 /

D	D	

 /

Y	Y	Y	Y	Y	Y	

5. COVERING PERIOD:

FROM

M	M	
0	6	

 /

D	D	
1	6	

 /

Y	Y	Y	Y	Y	Y	
2	0	1	4			

THROUGH

M	M	
0	6	

 /

D	D	
2	7	

 /

Y	Y	Y	Y	Y	Y	
2	0	1	4			

6. TOTAL CONTRIBUTIONS.....

0.00

7. TOTAL INDEPENDENT EXPENDITURES

555466.31

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Caleb Crosby

Caleb Crosby

06/17/2014

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: F5N

Transaction ID :

On July 7, 2014, the Kentucky Opportunity Coalition re-filed 2 independent expenditure reports, on Form 5. These reports were initially filed timely, on 06/17/14 and 06/30/14, on Form 3X. Following discussions with the Reports Analysis Division, we are resubmitting these same, previously filed reports on Form 5. Our filing software would not allow us to indicate that these Form 5 submissions are amendments, so they are filed as initial reports with this note of explanation, as instructed by the Reports Analysis Division.

Form/Schedule:

Transaction ID:

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Kentucky Opportunity Coalition

Full Name (Last, First, Middle Initial) of Payee

Main Street Media Group

Date of Public Distribution/Dissemination

MM / DD / YYYY
06 / 16 / 2014

Mailing Address P.O. Box 25093

Amount

City State Zip Code
Alexandria VA 22313

539388.23

Transaction ID : E.001

Purpose of Expenditure
TV / Media PlacementCategory/
TypeOffice Sought: ☐ House State: KY
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Alison Lundergan GrimesCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 1117796.02Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

DMM Media

Date of Public Distribution/Dissemination

MM / DD / YYYY
06 / 16 / 2014

Mailing Address 1911 N. Fort Myer Drive, Ste 400

Amount

City State Zip Code
Arlington VA 22209

16078.08

Transaction ID : E.002

Purpose of Expenditure
TV / Media ProductionCategory/
TypeOffice Sought: ☐ House State: KY
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Alison Lundergan GrimesCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 1117796.02Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 555466.31

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 555466.31
(carry total from last page forward to Line 7)