FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instruction	_	Offi	
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	ce use only
CHURCHILL DO	OWNS INCORPORATED FPAC		11111	
			11111	
ADDRESS (number and s	treet) 700 CENTRAL AVENU	JE 	1 1 1 1 1	
(Check if addre	ss LOUISVILLE		<b>ĶY</b>     .	.40208
		CITY.	STATE	ZIP CODE ▲
COMMITTEE'S E-MAII				
shawn.bailey@	kyderby.com 			
COMMITTEE'S WEB F	PAGE ADDRESS (URL)			
COMMITTEE'S FAX N 5026364439	UMBER			
2. DATE 0 1	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	TION NUMBER	C C00331942		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my know	vledge and belief it is true, correct and	d complete	
Type or Print Name of T	reasurer Shawn Bailey			
Signature of Treasurer	Electronically Filed by Shawn Bai	ley	Date 01	15
NOTE: Submission of fals	se, erroneous, or incomplete information may ANY CHANGE IN INFORMAT	subject the person signing this State	·	of 2 U.S.C. S437g.
Office Use Only FE3AN042.PDF		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2003)

	FEOForm 1 (Rev	vised 02/2003)	Page 2	
5.	TYPE OF COMMITTEE	E (Check One)		
	(a) This co	ommittee is a principal campaign committee. (Complete the candidate information below.)		
	(-)	ommittee is an authorized committee, and is NOT a principal campaign committee. (Compleation below.)	ete the candidate	
	Name of Candidate			
	Candidate Party Affiliation	Office Sought: House Senate Preside	State	
	(c) This cor	mmittee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name of Candidate			
	(e) X This cor	(National, State (or subordinate) committee of the  mmittee is a separate segregated fund  mmittee supports/opposes more than one Federal candidate, and is NOT a separate segretee.	(Democratic, Republican,etc.) Party. egated fund or party	
6. I	Name of Any Connec	cted Organization or Affiliated Committee	,	
_ 	<u>                                      </u>		<u> </u>	
	Mailing Address	700 Central Avenue		
-				
		L Louisville KY	40208	
		CITY A STATE A	ZIP CODE	
	Relationship	connected		
Type of Connected Organization:				
	X Corporation		rganization	
	Membership C	Organization Trade Association Coopera	ıtive	

FEC Fo	rm 1 (Revised 02/2003)			Page 3
Write or Type Co	ommittee Name			
CHURCHI	LL DOWNS INCORPO	DRATED FPAC		
	of Records: Identify by a of Committee books		nber optional), and position of t	he person in
Full Name	Shawn Bailey			
Mailing Addre	ess	700 Central Avenue		
		Louisville		40208
Title or Positi	ion ♥	CITY A	STATE <b>▲</b>	ZIP CODE A
	Treasurer		Telephone number	
8. <b>Treasurer:</b> name and a	List the name and adaddress of any design	dress (phone number optio ated agent (e.g., assistant tre	nal) of the treasurer of the commeasurer).	nittee; and the
Full Name of Treasurer	Shawn Bailey			
Mailing Addre	ess	700 Central Avenue		
		Louisville		40208
Title or Positi	ion ♥	CITY A	STATE <b>▲</b>	ZIP CODE A
	Treasurer		Telephone number	635 4632
Full Name of Designated Agent	Shawn Bailey			

700 Central Avenue

CITY A

Louisville

KY

STATE A

Telephone number

502

40208 –

635

ZIP CODE A

4632

Mailing Address

Title or Position ▼

**Treasurer** 

FEC Form 1	(Revised 02/2003)		

9.	<b>Banks or Other Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.			
	Name of Bank, De	epository, etc.		
		PNC Bank		
	Mailing Address	500 West Jefferson Street		
		Louisville KY 4	10202	
		CITY A STATE A	ZIP CODE 🛕	
	Name of Bank, De	pepository, etc.		
	Mailing Address			
	Mailing Address			
	Mailing Address			

Page 4