STATEMENT OF

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NAME OF COMMITTEE (in	n full)	7 2 7	Check if name changed)		mple:If typing, type the lines.		ner de sendente		
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4. IS THIS STATE	MENT Y	NEW	(N) OR	Page 1	AMENDED (A)			
I certify that I have	examined t			_	_	ief it is true, o	correct and	d complete.	
Type or Print Name	of Treasure	Ro	bert C	by 5	turgeon				
Signature of Treasur	rer	40	Stage	in	turgeon	Date	0.4	20	20.1.2
NOTE: Submission of	f false, erron		-	-	oject the person signi	•		penalties of	f 2 U.S.C. §437g.
Office Use	l				For further Informatic Federal Election Communication Toil Free 800-424-953	mission		FEC FO	

. 1	FEC Fo	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
Can	2.004	e Committee:	
(a)	X	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 information below.)	the candidate
Name Cano	e of lidate	WILLIAM CURTIS KENIMER	i i i i i i i i i i i i i i i i i i i
	lidate Affiliati	ion KEP Sought: X House Senate President	State KY District 0.6
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	ಸಿಸಲಾವ ನೀಡಿ ಂಗಿ
Name Cand	e of lidate		
Par	ty Con	mmittee:	
(d)			ocratic, blican, etc.) Party.
Poli	ticai A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
		Corporation Wo Capital Stock Lal	oor Organization
		Membership Organization Trade Association Co	operative
		In addition, this committee is a Lobbyist/Registrant PAC.	opor u are
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	draising 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	nmittees Participating in Joint Fundraiser	
		I	social management
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FEC Form 1 (Rev	ised 02/2009)	Page 3
Write or Type Committee	Name	
6. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundralsing Representative, or	Leadership PAC Sponsor
WONE		
	 	
Mailing Address		
•		
	CITY STATE	ZIP CODE
Secrets	Street Street	tarine/t
Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Representativ	e Leadership PAC Sponso
. Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the pers	on in possession of committee
Full Name	BERT CLAY STURGEDN	<u> </u>
Mailing Address	1767 GEORGETOWN ROAD	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		<u> </u>
	PARIS KY	403611-
Title or Position	CITY STATE	ZIP CODE
TIRIEIA: SIVIRIA	ER Telephone number 85	9-227-4213
	ne and address (phone number optional) of the treasurer of the committee; as e.g., assistant treasurer).	nd the name and address of
Full Name of Treasurer	BIERT CLAY STURGEOW	
Mailing Address	1767 GEORGETOWN ROAD	
		
	PARIS KY	40361-
Title or Position	CITY STATE	ZIP CODE
TREASURE	ER Telephone number 8.5	9-227-4213

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Full Name of Designated			-
Agent Mio	ME	 	
Mailing Address			
			<u> </u>
- V-	CITY	STATE	ZIP CODE
Fitle or Position	Telephone nu	mber <u></u>	<u> </u>
	sitories: List all banks or other depositories in which the commit maintains funds.	tee deposits	funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc.		
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