FEDERAL SECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

2013 DEC -2 AM 11: 01

Committee Name:						114 (11	
BlueGrass Rural PAC	and the second s						
If registered, FEC ID:			agrafindamentaj vrajm vra voj vrivnometogaj	description of	. ""	ht 1 x 1	
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Today's Date:							
11/14/2013							
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Federal Election Commission							٠
999 E Street, N.W.	•	. •		٠.			
Washington, D.C. 20463	•					٠.	
Re: Form 1, Statement of Organization—Un	limited Contri	ibutio	ns			ar 	
To Whom It May Concern:							
This committee intends to make independent	t expenditures	, and	consiste	nt wit	h		
the U.S. Court of Appeals for the District of	-						
SpeechNow v. FEC, it therefore intends to ra					This		
committee will not use those funds to make							
or via coordinated communications, to feder					-		
Respectfully submitted,							

Treasurer's Name: WM. Michael Wilson, Treasurer

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2013 DEC -2 AM 8: 38

			C C M Sffice	Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	LENTER
Bluegiassi	Rural PAC			
ADDRESS (number and street)	1P10 1B101X 11	1.6		
(Check if address is changed)				
	Olank I laind		KIY YIZI STATE	ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	Biliviegiciais	ISILIUI (I Q LICIQ I MAI	illi-icioim	
, . !	Optional Second E-Mail	9		
COMMITTEE'S WEB PAGE AD (Check if address is changed)				
2. DATE	4 2013			
3. FEC IDENTIFICATION N	UMBER ►	no verigini en primengamentagamentagamentagamenta ng e misi jawa bag gama na pangangan na mangangan da mangangan na karanan		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	this Statement and to the b	pest of my knowledge and belie	f it is true, correct and co	omplete.
Type or Print Name of Treasure	er <u>William M</u>	richael Wilson	^	
Signature of Treasurer	w. nil his	h	Date Jackson	14/2013
NOTE: Submission of false, error		tion may subject the person signir	-	nalties of 2 U.S.C. §437g.
Office Use		For further information Federal Election Comm	ission	EC FORM 1 Revised 06/2012)

	FEC Fo	rm 1 (Revised 02/2009) Page 2
		OMMITTEE 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 candidate
Nam	ne of	information below.)
Can	didate	
	didate y Affiliati	Office State Senate President
		Brand Brand Provided District Street
(c)	7	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Can	ne of didate	
Par	ty Con	nmittee:
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Pa
	itical A	Sunt of Francisco (PAC):
(e)	ilicai A	Action Committee (PAC): This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
(6)	land.	dank kada
		NAME OF THE PARTY
		Membership Organization Traσe Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pacommittee. (i.e., nonconnected committee)
	:	In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	nt Fund	draising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Còn	nmittees Participating in Joint Fundraiser
	1.	
		Section of the sectio
	2.	
	3.	FEC ID number C
	4.	

Write or Type Committee Name

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6. Name of Any C	onnected C	 Organ	izati	on, i	Affilia	ated	Cor	nm	itte	e, Jo	oint	Fur	dra	isin	g Re	: epre	sei	ntat	ive,	or	Lea	der	shi	ip F	AC	: Sp	ons	or
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B. Treasurer: List th	ne name an	d add	iress	(pho	one n	umb	er -	· op	otior	al)	of. th	ne t	reas	urer	of t	the	con	nmit	tee;	an	d th	e r	nam	ne a	and	add	res	s of
any designated a	igent (e.g., a	așsist	ant t	reası	urer).																	٠.						
Full Name of Treasurer	Will	ليليا	am	<u> </u>	Mič	<u> C </u>	h _i a	٠.	1		Wi	<u> </u>	\ _\ S	ΙΦΙ	n _i													
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