1503 142 M266

FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2015 MAY -7 AH 11: 37

								Office Use Of	nly
1.	NAME OF COMMITTEE (in full)	TYPE OR	PRINT ▼		mple: If typing, r the lines.	type	12FE4M5		
E	LUEGRASS	RUK	RAL.		1 1 1 1 1	. L . L . L			
L AD	DRESS (number and street)	Pec	1.30)	X.113		<u> </u>			
	Check if different than previously reported. (ACC)	ME	LBER				Ky (1206	<u> </u>
2.	FEC IDENTIFICATION	NUMBER T	,	CITY A	<u> </u>		STATE A	ZIP	CODE A
	CØØ567	72		3. IS THIS REPORT	NE (N)		X(A)	ENDED	
4.	TYPE OF REPORT (Choose One)		onthly port e On:	Feb 20 (M2)	Ma	ıy 20 (M5)	Aug :	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:			Mar 20 (M3) Apr 20 (M4)		n 20 (M6) I 20 (M7)		20 (M9) 20 (M10)	Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
	: April 15 Quarterly Repor July 15	t (Q1) (c)	12-Day	· · · · · · · · · · · · · · · · · · ·	Primary (12P)		General (Runoff (12R)
	Quarterly Report October 15 Quarterly Report		PRE-Election Report for	•	Convention (12	(C)	Special (1	12S)	
	January 31 Year-End Repor			Election on	M M /	D D /	Y Y Y Y		the ate of
	July 31 Mid-Yea Report (Non-ele Year Only) (MY)	ction (ta)	30-Day POST-Elect Report for		General (30G)		Runoff (3	0R)	Special (30S)
	Termination Rep (TER)	ort	·	Election on	M · M /	. 0 0	. Y Y Y		the ate of
5.	Covering Period	7/0	1/20	14	through	M M	1/30/	2019	Ý
	ertify that I have examined be or Print Name of Treas		and to the b		, -	lief it is tr	ue, correct and	complete.	
Sig	nature of Treasurer	8			<u> </u>		Date 05	104	/2015
NO	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.								
ı	Office Use								ORM 3X 12/2004

1503 142 3267

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name LUEGRASS Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 7. Total Disbursements (from Line 31)......... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

Page 3

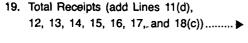
FEC Form 3X (Rev. 06/2004)

1503-142-5268

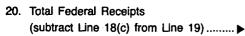
Write or Type Committee Name

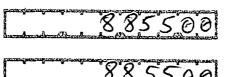
BLUEGRASS RURAL

Report Covering the Period: From: To: **COLUMN B COLUMN A** I. Receipts Calendar Year-to-Date **Total This Period** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)...... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received..... 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5)



(c) Total Transfers (add 18(a) and 18(b))..





made not a Para Aus	8,8	55	
กรุงเกี่ยดการเก็บการเกิดเหน่าใช้เราะ	88	<u> </u>	00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

***	II. Disbursements	COLUMN A	COLUMN B
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total This Period	Calendar Year-to-Date
	(i) Federal Share		
	(,	from the continue of the conti	Commission of the second secon
	(ii) Non-Federal Share	manish was de market and a said the make and a said and a said and a said a said a said a said a said a said a	having the thousand and have been did not been
	(b) Other Federal Operating	The state of the s	
	Expenditures	State of the state	40
	(c) Total Operating Expenditures	77 1/0	
	(add 21(a)(i), (a)(ii), and (b))▶	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	122 123 123 123 123 123 123 123 123 123
22.	Transfers to Affiliated/Other Party		and the second s
23.	Contributions to Federal Candidates/Committees	Carefront from the carefront state of the car	marken den de la colonia de
	and Other Political Committees	man the well-made made and the said and the said and the said and	and we have been been been been about the section of the section of
24.	Independent Expenditures	the state of the s	henrican franchen mineralen unterschier and annie metromater and
25.	(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d))	and a second and the	1236.75 1
	(use Schedule F)	Arrive of many property of the many control of the many property of the many property of the many control	proceedings of the state of the
26.	Loan Repayments Made	are described by the second of	week and the state of the state
27.	Loans Made		
	Refunds of Contributions To: (a) Individuals/Persons Other	and the state of t	and and and the should be a state of the should be a state of the stat
V.	Than Political Committees	promote more land to the second more land to the second more promote to the second more regiment of the second	tenne til men skriver fra med som en skriver skriver som en skriver skriver som en skriver skriv
	(b) Political Party Committees	encedamed and the champion of the colonists at the colonist	humban dand i wake water the water water with so the water
	(c) Other Political Committees	amandanisalan salan salah sanah mendan salah sanah sanah sanah sanah sanah	นานาทในการในการใหม่นายในการที่มาเการิการเหมือนหารในการประการในการในการประการ
	(such as PACs)	ense home (i have diversel subsective and succeedings of succeedings and succeedings of succeedings and succeedings of succee	and the continue to the continue of the continue to the continue of the contin
	(d) Total Contribution Refunds	The control of the co	Sherry chi cant and annothing the same in the same and have a second to be a second to be a second to be a second
	(add Lines 28(a), (b), and (c))▶		0
	, , , , , , , , , , , , , , , , , , , ,	be a substant of the substant	the state of the s
29.	Other Disbursements	1.1.8.50	11850
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		รายการเกิดและเกิดและเป็นและเป็นและเป็นและเป็นและเป็นและเป็นและเป็นและเป็นและเป็นและเป็นและเป็นและเป็นและเป็นและ
	(i) Federal Share	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
•		manufactor and manufactor and an analysis and an analysis and a second a second and	Street with a said and the residence and the said and the
	(ii) "Levin" Share	and the state of t	and well and head and the red and rest has he
•	(b) Federal Election Activity Paid Entirely	and manhamatican	transfermations of the state of
	With Federal Funds	and a standard of the standard	landing the set Dandon Son Librarian Brown to Dandon
	(c) Total Federal Election Activity (add		and the same of th
	Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	served conditional description of the colored conditions for an	would make the water the will be make the without the water to be a second to the seco
31.	Total Disbursements (add Lines 21(c), 22,	ENDERAUMENTAL CONTROL	Name of the action of the second seco
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7.52865	7.5.2.8.6.5
	•	handwell and Darken de full desired and beauty and beauty	breeder de
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	And the second s	Savetalle or the savetane of t
	from Line 31)	7.5.28.65	7.5.28 65
	•	one was a second that the second seco	kamandanan dan dan dan dan dan dan dan dan

(subtract Line 37 from Line 36)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 III. Net Contributions/Operating Ex-**COLUMN A COLUMN B Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) 8,855.00 (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures

TEMIZED INDEPENDENT EXPENDITURES	PAGE OF /2 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BLUEGRASS RURAL	0005,67,17,2
Check if 24-hour report 48-hour report New report Amends report filed	on 10 10 2014
Full Name of Payee MLB RESEARCH ASSC.	Date of Public Distribution/Dissemination
Mailing Address 54 Stay 5 Rd,	Amount
City State Zip Code Williamsburg MA 01096	Date of Disbursement or Obligation
Purpose of Expenditure Education Flyce Category/ Type Category/ Type	08/29/2014
Name of Federal Candidate Support Office Mitch MC Conntil	e Sought: House District: President Senate State:
,	ursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
MLB RESEARCH BSSC.	691 27 2014
54 Shoz & Rd. City State Zip Code	Amount 28126
Williamsburg MA 01096	Date of Disbursement or Obligation
Purpose of Expenditure AG FLYER Category/ Type 5.6	69'27'2018
Name of Fetteral Candidate Support Office M. J. M. CONNELL Oppose	e Sought: House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disb	ursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	53/25
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	53.1.251
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Signature	51 64 2015

TEMIZED INDEPENDENT EXPENDITURES PAGE 2 OF 12 FOR LINE 24 OF FORM 3X					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
BLUEGRASS RURAL	0005,67,172				
Check if 24-hour report 48-hour report New report Amends report filed	on 10 10 2014				
Full Name of Payee EARShot Andio Post, LLC Mailing Address 6311 NESTED BLVD STE 300 City State Zip Code	Date of Public Distribution/Dissemination MMM PD R Amount				
FNdiANAPOITS FN 46220 Purpose of Expenditure Ads Production Category/ Type © 4	Date of Disbursement or Obligation $\frac{26}{26}$				
Name of Federal Candidate Support Office Oppose	the Sought: House District: President Senate State:				
Per Election for Office Sought	Other (specify) Other (specify)				
GOLEWAY RADIO WORKS, FNC. Mailing Address	Date of Public Distribution/Dissemination Amount				
City State Zip Code Mt. Stelling Ky 40353 Purpose of Expenditure	Date of Disbursement or Obligation				
RAdio Ad Type 0.0.4	091/08/2014				
Mitch MCCONNELL Doppose	President Senate State:				
Calendar Year-To-Date Per Election for Office Sought Dist	Oursement For: Primary General Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	1.1.49.50				
(b) SUBTOTAL of Unitemized Independent Expenditures	and and the second seco				
(c) TOTAL Independent Expenditures	1,,680.7.5				
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 (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature	5'64'2015				

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 3. OF 2 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BLUEGRASS RURAL	0005,67,172
Check if 24-hour report 48-hour report New report Amends report filed	on 10 10 12014
Full Name of Payee	Date of Public Distribution/Dissemination
Shoke INE COMMUNICIANONS Mailing Address	0.91 [35] [2.03] 4
P.O.BOX 927	Amount
City State Zip Code	,28000
Purpose of Expenditure	Date of Disbursement or Obligation
RADIO Ads Category/ Type Q.O.4	09 08 2014
Name of Federal Candidate Support Office Oppose	e Sought: House District: President Senate State:
The state of the s	ursement For: Primary General
Per Election for Office Sought	Other (specify) -
Full Name of Payee	Date of Public Distribution/Dissemination
Shoreling Communications Mailing Address	09/1/3/2014
P.O. Box 4190	Amount
City State Zip Code	28,00
Purpose of Expenditure	Date of Disbursement or Obligation
Rodio Ads Category/ Type Category/ Type	09/08/2014
1 1 1 10000	e Sought: House District:
MICONNELL Oppose	President Senate State: Ursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 22,240.75	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	,560.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
·	المسائدة المراسونية ال
(c) TOTAL Independent Expenditures	124075
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Signature	51 641 2015

TEMIZED INDEPENDENT EXPENDITURES	PAGE 4 OF /2 FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
BLUEGRASS RURAL	0005,67,17,2			
Check if 24-hour report 48-hour report New report Amends report file	d on 78 18 2014			
Full Name of Payee	Date of Public Distribution/Dissemination			
Soynd BROAD (setens, Fr.C.	69'15'2e14			
2380 North Main St.	Amount			
City State Zip Code MAdisonvills Ky 42431	Retard Richard and Obligation			
Purpose of Expenditure Category/	Date of Disbursement or Obligation			
Apario pals Type 1004	091082019			
Name of Federal Candidate Support Office	ce Sought: House District: President Senate State:			
,	pursement For: Primary General			
Per Election for Office Sought 2,520.75	Other (specify)			
Full Name of Payee	Date of Public Distribution/Dissemination			
COMMONWED HORD AZICATING Mailing Address	69/15/2014			
611 WEST POPIDE St. C-2	Amount			
Elizabeth town Ky 4270)	Date of Disbursement or Obligation			
Purpose of Expenditure Category/ Type Category/ Type	69 68 2014			
	ce Sought: House District:			
Mitch MCCONNELL POppose	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought Dist	oursement For: Primary General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	,,,,,,892.00			
(b) SUBTOTAL of Uniternized Independent Expenditures				
(c) TOTAL Independent Expenditures	3.13.2.15			
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 (if the reporting entity is not a political party committee) any political party committee or its agent.				
Date 1	5 64 2019			
Signature				

SCHEDULE E (FEC Form 3X)

EMIZED INDEPENDENT EXPENDITURES	PAGE 5 OF 12
	FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BLUEGRASS RURAL	0005,67,172
heck if 24-hour report 48-hour report New report Amends report filed on	(18'118'2814
Full Name of Payee Da	ate of Public Distribution/Dissemination
COMMONWEALL BROADCOSTING Mailing Address	199 [3] [2014]
113 WEST Public So Sta 400 An	nount
City State O Zip Code	ate of Disbursement or Obligation
Purpose of Expenditure Rodio Ads Category/ Type 004	69'68'2074
Name of Federal Candidate Support Office Something	
	nent For: Primary General
Per Election for Office Sought S.,2,2,7,5	Other (specify)
Full Name of Payee	ate of Public Distribution/Dissemination
WKDZ/WHVO	09 15 2014
Mailing Address Ar	mount
City State Zip Code	Unana
Codin 4221	ate of Disbursement or Obligation
Purpose of Expenditure Category/ Type Category/ Type	69 68 2014
Name of Federal Candidate Support Office So	ought: House District:
Mitch MCCONNELL FOPPOSE Pre	esident Senate State: Ly
	ment For: Primary General Other (specify) ▶
	J
(a) SUBTOTAL of Itemized Independent Expenditures	,500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3,63,2,751
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Pur us	a . 2000, not a
Signature Date 0.5	64 20 5

TEMIZED INDEPENDENT EXPENDITURES	PAGE OF 7 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BLUEGRASS RURAL	0005,67,172
Check if 24-hour report 48-hour report New report Amends report filed	on 10 10 2014
Full Name of Payee	Date of Public Distribution/Dissemination
WKDO Mailing Address	69 75 2014
	Amount
Gity / State State Zip Code	,,,,,220.00
0165Rty Ky 42539	Date of Disbursement or Obligation
Repose of Expenditure Category/ Type Category/ Type	69 68 2014
Name of Federal Candidate Support Office	e Sought: House District:
Mitch MCCONNEIL Doppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbu	ursement For: Primary ☐ General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Wxm Z Mailing Address	091 15 2014
Hwy 63 WEST Box 471	Amount
City State Zip Code	,,/.0.0.0.0
Purpose of Expenditure	Date of Disbursement or Obligation
Radio Ads Type 6.0 4	09 08 2014
Name of Federal Candidate Support Office	e Sought: House District: President Senate State:
,	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	32000
(b) SUBTOTAL of Unitemized Independent Expenditures	hardwar make aleman and a second
(c) TOTAL Independent Expenditures	3,9.5,27.5
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	ade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
Signature Date	51 624 [2013]

				FOR LINE'.	24 OF FORM 3X
NAME OF COMMITTEE (In Full)	0			FEC IDENTIFICATI	ON NUMBER ▼
BLUEGRASS	Kural			0005 k	7.172
Check if 24-hour report	48-hour report New re	eport Amends repo	rt filed on	8 18	2014
Full Name of Payee	Λ		Date o	of Public Distribution	/Dissemination
WITO P-	HM		7	91 [75]	2014
Mailing Address	the == 11 01)	Amou	nt	
City 11	(State	Zip Code		managamanananananananananananananananana	17000
Hepkinsi	ME Kn	42248	Date of	of Disbursement or	Obligation
Purpose of Expenditure RALIB Ad) ₅	Category/ OO.	9 [9 68	20.14
Name of Federal Candidate	100	Support	Office Sough	t: House	District:
Mitch	1CCONNEU	. Oppose	Preside		State: Ky
Calendar Year-To-Date Per Election for Office So	ought 41.	22,751	Disbursemen	t For: Primar ther (specify) ▶	y General
Full Name of Payee	per manus salati, albani / AradiCSB SiCia (**)			of Public Distribution	n/Dissemination
Woma	<u></u>			191/1721	22113
Mailing Address		~ 1	Amou	شاماً قارستاناً nt	
530 0	(EdENICA S	>1.		andremakour zimeniment e	E C C
City O WENCE L	State SRO	Zip Code	1 1.—alm	machinal I barathanachan (I b	50.00
Purpose of Expenditure	no ty	Category/ Con	Date	of Disbursement or	Obligation - চুত্ৰু স্বাক্ত কৰে ব
Rodis A	ds	Type OO	7.5 E	29 10.8	12014
Name of Federal Candidate	"Color da	Support	Office Sough	-	District:
	CONNELL	Oppose	Preside		State: Ag
Calendar Year-To-Date Per Election for Office So	ought Leaves 4.2	72.15	Disbursemen	nt For:	General General
(a) SUBTOTAL of Itemized Ind	dependent Expenditures		. •		2000
			قىيىنى مىرىسى	n-Carriel Themshouse Court 2 of the James States (States States S	
(b) SUBTOTAL of Unitemized	Independent Expenditures		· • L.	mateuri ⁷ insulasarda et 7%.	
(c) TOTAL Independent Expen	ditures		• •		27.27.51
	ify that the independent expenditure estion of, any candidate or authorizerty committee or its agent.				
Signature		Date	05	64120	13
					

PAGE 7 OF

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BLUEGRASS RURAL	CO05,67,17,2
Check if 24-hour report 48-hour report New report Amends report filed	on 1/0 / 1/0 / 2014
Full Name of Payee	Date of Public Distribution/Dissemination
WBRT	69' [3 2014
Mailing Address 166 South 389 St.	Amount
City State Zip Code	9.6.00
1)1014 My 76164	Date of Disbursement or Obligation
Purpose of Expenditure Category/ OO 4 Type OO 4	69'88'2017
Name of Federal Candidate Support Office Oppose	ee Sought: House District: President Senate State:
	pursement For: Primary General
Per Election for Office Sought	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
WXBC	10 06 2014
Mailing Address 110 South Main St.	Amount
City State Zip Code	291.00
Hondingburg Ky 40143	Date of Disbursement or Obligation
Purpase of Expenditure RADID Ads Category/ Type DOY	0913812014
Name of Federal Candidate Mitch MC CONNELL Oppose	ce Sought: House District: President Senate State:
Calendar Year-To-Date Dist	pursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	38700
(b) SUBTOTAL of Uniternized Independent Expenditures	
(c) TOTAL Independent Expenditures	<u> </u>
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Date I	51'89'2015
Signature	

PAGE 3

OF / 2

TEMIZED INDEPENDENT EXPENDITURES	PAGE 9 OF 12- FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BLUEGRASS RURAL	0005.67.17.2
Check if 24-hour report 48-hour report New report Amends report filed	1 on [D' [0 ' Zo] 4
Full Name of Payee	Date of Public Distribution/Dissemination
WCCK Mailing Address	10 66 2014
2 ASPEN St.	Amount
City Cipl VENT City Ky 42029	3,0.00
Purpose of Expenditure Category/ Category/	Date of Disbursement or Obligation
RAdio Das	09 30 2014
Name of Federal Candidate Support Oppose Oppose	e Sought: House District: President Psenate State:
	ursement For: Primary. General
Per Election for Office Sought	Other (specify) >
Full Name of Payee	Date of Public Distribution/Dissemination
WCBL Mailing Address	10 62 2014
Mailing Address Wy 408 E,	Amount
City BENTON State Zip Code 42825	,,/8.0.00
	Date of Disbursement or Obligation
Purpose of Expenditure RADIO Pds Category/ Type Type	09/30/2014
Name of Federal Candidate Mitch MCCONNELL Support Office Oppose	e Sought: House District: President Senate State:
Colondar Veer To Date	oursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	49000
(b) SUBTOTAL of Uniternized Independent Expenditures	
	Enverture Court 2 Standard Property Court
(c) TOTAL Independent Expenditures	<u> </u>
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Posts I	5 6 9 28 5
Signature	

TEMIZED INDEPENDENT EXPENDITURES	PAGE OF Z FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BLUEGRASS RURAL	0005.67.17.2
Check if 24-hour report 48-hour report New report Amends report file	d on [18] [18] [2014
Full Name of Payee	Date of Public Distribution/Dissemination
FOREVER COMMUNICIPLIONS	10/06/2014
1500 Dinavid DK.	Amount
City State Zip Code	55.00.0
MURRAY Ky 42071	Date of Disbursement or Obligation
Purpose of Expenditure Radio Ads Category/ Type Category/ Type	09/30/2014
	ce Sought: House District:
Mitch MCCONNELL TOppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Dist	bursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
WFKN	10 06 2014
Mailing Address 103 N. High St.	Amount
City State Zip Code	360.00
Purapse of Expenditure	Date of Disbursement or Obligation
RAdio Ads Category 1904;	29/30/2014
Name of Federal Candidate Support Offi	ice Sought: House District: President Senate State:
Colondar Voor To Data	bursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	91000
(b) SUBTOTAL of Unitemized Independent Expenditures	maratum markandandan dara and and and and and and and and and an
	Record woods and 2 incut served and 2 incut served as a served as
(c) TOTAL Independent Expenditures	L. 6,059.751
Under penalty of perjury I certify that the independent expenditures reported herein were not a with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	made in cooperation, consultation, or concert ner, or (if the reporting entity is not a political
Signature	25/84/2014

SCHEDU	LE E	(FEC	Form	3X)
ITEMIZED	INDEPE	NDENT	EXPE	NDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE OF 2 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BLUEGRASS RURAL	000567172
Check if 24-hour report 48-hour report New report Amends report filed	on 10'18'2814
Full Name of Payee	Date of Public Distribution/Dissemination
BRISTOL BRODDCWSTING Mailing Address	10 06 2014
6000 WKYX/WKYQ Rd.	Amount
City Paducish Ky 42003	520.60
	Date of Disbursement or Obligation
Radio Ads Type 60%	69 30 2014
Name of Federal Candidate Support Office	e Sought: House District: President Espate State:
	ursement For: Primary General
Full Name of Payee	Other (specify) ▶
WSON	
Mailing Address	1062014
230 2Ng St. StE104	Amount
City HENDERSON State Zip Code 42420	Date of Disbursement or Obligation
Purpose of Expenditure Category/ 16 8 4	Date of Disbutsement of Obligation
Kadio Ads	07 30 2014
Name of Federal Candidate Support Office	e Sought: House District: President
	ursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought Disb Disb	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	87.700
(b) SUBTOTAL of Uniternized Independent Expenditures	
(c) TOTAL Independent Expenditures	L-6,93,6751
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
P'AL	
Signature	5/64/2015

TEMIZED INDEPENDENT EXPENDITURES	PAGE 2 OF 2 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BLUEGRASS RURAL	CO05, 67, 17, 2
Check if 24-hour report 48-hour report New report Amends report filed	on [3'[8'28]4
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	10 66 2014
108 West Main St.	Amount
City State Zip Code	30.0.0.0
PRINCETON Ky 42495	Date of Disbursement or Obligation
Purpose of Expenditure Radio Ads Category/ Type 100 Y	09/30/2014
Name of Federal Candidate Support Office Oppose	Sought: House District: President Senate State:
	ursement For: Primary General
has to a construct 7 hour Special Control of	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	MAW , DAD , A-A AAAA
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General
Toward new " and I bear a mark to be a mark to	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	30000
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7,236.75
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	ade in cooperation, consultation, or concert rr, or (if the reporting entity is not a political
Signature Date	5/84/2015

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DATE PREPARED