FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Kentucky State Democratic Central Executive Committee

ADDRESS (number and street) PO Box 694

☐ (Check if address is changed)

Frankfort KY 40602

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed) cflanary@kydemocrat.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed) kydemocrat.com

2. DATE MM 05 / DD 12 / YYYY 2011

3. **FEC IDENTIFICATION NUMBER** C C00011197

4. IS THIS STATEMENT [X] NEW (N) **OR** ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer **Frederick A. Higdon**

Signature of Treasurer Electronically Filed by **Frederick A. Higdon** Date MM 05 / DD 12 / YYYY 2011

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

5. TYPE OF COMMITTEE (Check One)

Candidate 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 information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: ☐ House ☐ Senate ☐ President

State

District

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) [X] This committee is a **STA** (National, State (or subordinate) committee of the **DEM** (Democratic, Republican,etc.) Party.

Political Action Committee (PAC):

(e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade 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 party committee. (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.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1. **DSP Joint Victory Fund** FEC ID number **C C00455477**
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

Write or Type Committee Name

Kentucky State Democratic Central Executive Committee

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

CITY STATE ZIP CODE

Relationship:

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name: **Charlotte Flanary**

Mailing Address: **PO Box 694**

Frankfort **KY** **40602**

Title or Position: **Comptroller**

CITY STATE ZIP CODE

Telephone number: **502** – **695** – **4828**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: **Frederick A. Higdon**

Mailing Address: **PO Box 694**

Frankfort **KY** **40602**

Title or Position: **Treasurer**

CITY STATE ZIP CODE

Telephone number: **502** – **695** – **4828**

Full Name of Designated Agent

Mailing Address

Title or Position ▼ **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ **STATE** ▲ **ZIP CODE** ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ **STATE** ▲ **ZIP CODE** ▲

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

BB&T

Mailing Address **434 Fayetteville Street**

Raleigh **NC** **27601** –

CITY **STATE** **ZIP CODE**

[ADDITIONAL]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY **STATE** **ZIP CODE** –

Relationship:

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

CITY **STATE** **ZIP CODE** –

Title or Position

Telephone number – –

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number **C**