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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Kentucky Bankers Association Political Action Committee 600 West Main Street ADDRESS (number and street) Suite 400 (Check if address is changed) Louisville 40202 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS MVANCE@KYBANKS.COM (Check if address is changed) Optional Second E-Mail Address mcaldwell@kybanks.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2023 C00062836 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT 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. Vance, Matt,,, Type or Print Name of Treasurer Vance, Matt,,, [Electronically Filed] 06 30 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1

0	Office		For further information contact:
lι	Use		Federal Election Commission
c	Only		Toll Free 800-424-9530 Local 202-694-1100
	•		Local 202-034-1100

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	tion below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	nittee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized con	mmittee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line	ne 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 scommittee. (i.e., nonconnected committee)	separate segregated 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	6.)
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution as	ccounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net process committees/organizations, at least one of which is an authorized committee of a federal committee.	•
(j) This committee collects contributions, pays fundraising expenses and disburses net process committees/organizations, none of which is an authorized committee of a federal care	•
Committees Participating in Joint Fundraiser	
1.	C
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Write or Type Committee Name

Kentucky B	Bankers Associa	ation Political	Action (Committee
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6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Kentucky Bankers Association					
	Mailing Address	600 W Main Street				
		Suite 400				
		Louisville		KY 40202	·	
		CITY	A	STATE ▲	ZIP CODE ▲	
	Relationship: X Connected	Organization Affiliated Orga	nization Joint Fundrai	sing Representative	Leadership PAC Sponsor	
	Custodian of Records: Identi	fy by name, address (phone nu	mber optional) and position	on of the person in posses	ssion of committee	
	books and records.					
	Vance, Mat	t, , ,				
	Full Name					
	Mailing Address	600 W Main Street				
		Suite 400				
		Louisville		KY 40202		
		CITY	A	STATE ▲	ZIP CODE ▲	
	Title or Position ▼					
	Treasurer		Telephone i	number		
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 Vance, Matt, , ,					
	of Treasurer					
	Mailing Address	600 W Main Street				
		Suite 400				
		Louisville		KY 40202		
		CITY	A	STATE ▲	ZIP CODE ▲	
	Title or Position ▼					
Ī	treasurer		Telephone i	number		

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D	full Name of Designated			<u> </u>
	gent			
M	Mailing Address			
Т	itle or Position \	CITY ▲	STATE ▲	ZIP CODE ▲
L		Telephone no	umber	
		Depositories: List all banks or other depositories in which the commi es or maintains funds.	ttee deposits for	unds, holds accounts, rents
N	ame of Bank, D	epository, etc.		
		Central Bank		
М	lailing Address	321 W Main Street		
		Louisville	KY L	40202
		CITY ▲	STATE ▲	ZIP CODE ▲
N	ame of Bank, D	epository, etc.		
М	lailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲