29030070352

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

3999-APP 15 A 10- 19

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	÷		
KENTUCKY FA	RWARD PAC		1 1 1 1 1 1			
	<u> </u>					
ADDRESS (number and street)	ADDRESS (number and street) 1901 1301X 1257					
(Check if address						
is changed)	FRANKEDIZIT		14Y 140	1602-0257		
	•	опу.	STATE	ZIP CODE		
COMMITTEE'S E-MAIL ADDRES	S (Please provide only one e-	mail address)				
(Check if address			<u> </u>			
is changed)			11111			
COMMITTEE'S WEB PAGE ADD	RESS (URL)			•		
· Check If address						
is changed)		·				
		es a				
3. FEC IDENTIFICATION NUMBER C' DUL 17 717						
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)				
Type or Print Name of Treasurer R. Wayne Statement and to the best of my knowledge and belief it is true, correct and complete.						
Signature of Treasurer	Mass		Date 0 9	200 9		
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 of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	on P	FEC FORM 1 (Revised 02/2009)		

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• • • •		MMITTEE			
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)	i k	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
Name Candi	-		_		
Candi Party	date Affiliati	Office State Sought: House Senate President District	-		
(c)	· ·	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Candi					
Part	у Сол	nittee:			
(d)	:	(National, State (Democratic, Republican, etc.) Party	ſ.		
Polit	ical A	tion Committee (PAC):	•		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	a:		
		Corporation Corporation Wo Capital Stock Labor Organization			
		Membership Organization Trade Association Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.			
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party	,		
	· Jan	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.)			
		. The state of the second of t	-		
Joint	Fund	alsing Representative:			
(g)	arril	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)	100	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.			
	Com	ittees Participating in Joint Fundraiser			
	1.		enc. 		
		Base The control for the Control of Management Africa. Management of the control	-4i		
	2.	FEC ID number C	: افي		
	3.	FEC ID number C			
	4.	FEC ID number C	1		

FEC Form 1 (Revised 02/	2009)				Page 3
Write or Type Committee Name				-	
KENTULKY FOI	RWARD	PAC			
6. Name of Any Connected Org	panization, Affillat	ed Committee, Joint	Fundraising Rep	resentative,	or Leadership PAC Sponsor
BEW CHANDLIE	RILIII			1111	
		1 1 1 1 1 1			
Malling Address	PIDI BOX	2517			11111111
L		111111	<u>i· </u>		
. 16	FRANKE	CITY		STATE	4060,21-102,57 ZIP CODE
Relationship:	Organization	filiated Committee	Joint Fundraising	Representa	tive Leadership PAC Sponsor
 Custodian of Records: Identify books and records. 	y by name, addres	s (phone number o	ptional) and positi	ion of the pe	erson in possession of committee
Full Name PAUL	AIPASL	<u> </u>	<u>i </u>		11111111
Mailing Address	642 S	. FOURTH	ST		
[9	SUITE	300 . .	<u> </u>	111	3.13.11.11.1
Ú	40,41,5,1	ILLE:	لىبىد	KY	40202
Title or Position		CITY		STATE	ZIP CODE
	11111		Telephone nun	nber 57	22-583-0248
8. Treasurer: List the name and a any designated agent (e.g., ass		mber optional) of th	e treasurer of the	committee;	and the name and address of
Full Name of Treasurer	YNES	TRATTON			
Mailing Address	642 S'	FOURTH S	7		
١	SUITE	340	<u></u>		11111111
<u>L</u>	-PILE 1.5.VI	CITY		K. Y. STATE	21P CODE
Title or Position TREASURER			Telephone num	ber 5	21-15831-10,248

Full Name of Designated VERONICA CECIA	
Agent VERONICA CECIA	
Mailing Address $PO_1 BOX_1 257$	ш Ш
	<u></u>
FRANKFORT	
CITY STATE ZIP CODE	ŕ
Title or Position ATGENITI 1 1 1 1 1 1 1 1 1	<u>\</u>
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rensafety deposit boxes or maintains funds.	ts
Name of Bank, Depository, etc.	
REPUBLIC BANK	لـنــا
Mailing Address 601 W MARKET ST.	نب
<u> </u>	لــــا
LOUISVILLE KY KOZOZ-L	لـــــا
CITY STATE ZIP CODE	
Name of Bank, Depository, etc.	
<u> </u>	لــــا
Mailing Address	أنب
<u> </u>	نيا
<u> </u>	لب
CITY STATE ZIP CODE	

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.			
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USPS Express Mail	Postmarked		
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
Nex	xt Business Day Delivery		
Received from House Records & Registration O	Date of Receipt ffice		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	Date of Receipt or Postmarked		
In &	4/15/07		
(3/2005)	DATE PREPARED		