## STATEMENT OF

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**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 State Democratic Central Executive Committee PO Box 694 ADDRESS (number and street) (Check if address is changed) Frankfort 40602 KY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cflanary@kydemocrat.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) kydemocrat.com (Check if address is changed) DATE 2013 C00011197 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. M. Melinda A. Karns Type or Print Name of Treasurer M. Melinda A. Karns [Electronically Filed] 02 20 2013 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

Only

	FEC. For	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	i aye Z
Can	didate	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. (Cominformation below.)	plete the candidate
Name Cand	e of lidate		
	lidate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee:	
(d)	×	This committee is a STA (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:
		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 secommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	DSP Joint Victory Fund	455477
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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	Vrite or Type Committee Name		
	<b>-</b>	Democratic Central Executive Committee	
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
L			
L			
	Mailing Address		
			-
		CITY STATE ZIF	CODE
	Deletionship. Connected	d Organization Affiliated Committee Joint Fundraising Representative Leader	rship PAC Sponsor
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leader	ISHIP PAC Sportson
	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posses	ssion of committee
	Charlotte   Full Name	Flanary	
	Mailing Address	PO Box 694	
		Frankfort KY 40602	
	Title or Position	CITY STATE ZIP	CODE
	, Comptroller	, 502 , 695	5 4828 .
		Telephone number	
3.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name Frederick A of Treasurer	A. Higdon	
	Mailing Address	PO Box 694	
			<u> </u>
		Frankfort	-
		CITY STATE ZIP	CODE
	Title or Position Treasurer		_ 4828

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Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
Banks or Other safety deposit be Name of Bank, I	r <b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holioxes or maintains funds.  Depository, etc.	
safety deposit bo	oxes or maintains funds.  Depository, etc.  Farmers Bank  125 W Main Street	
safety deposit bo Name of Bank, I	oxes or maintains funds.  Depository, etc.  Farmers Bank  125 W Main Street	
safety deposit bo Name of Bank, I	oxes or maintains funds.  Depository, etc.  Farmers Bank  125 W Main Street	
safety deposit bo Name of Bank, I	Depository, etc.  Farmers Bank  125 W Main Street	ZIP CODE
safety deposit bo Name of Bank, I	Parmers Bank  125 W Main Street  Frankfort  CITY  STATE	
safety deposit be Name of Bank, I Mailing Address	Parmers Bank  125 W Main Street  Frankfort  CITY  STATE	ZIP CODE
safety deposit be Name of Bank, I Mailing Address	Depository, etc.  Farmers Bank  125 W Main Street  Frankfort  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit be Name of Bank, I Mailing Address  Name of Bank, I	Depository, etc.  Farmers Bank  125 W Main Street  Frankfort  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit be Name of Bank, I Mailing Address  Name of Bank, I	Depository, etc.  Farmers Bank  125 W Main Street  Frankfort  CITY  STATE  Depository, etc.	ZIP CODE

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. IBB&T 434 Fayetteville Street Mailing Address 27601 Raleigh CITY 🗖 ZIP CODE 🛕 STATE **△** [ 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 Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number