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AMY D. CUBBAGE
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October 14, 2003

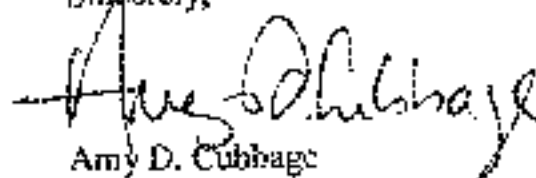
Federal Election Commission
999 E Street NW
Washington, DC 20463

Re: Statement of Organization of Appriss PAC

Dear Madam or Sir:

I enclosed the statement of organization (FEC Form 1) for Appriss PAC. Please contact Appriss PAC with their official FEC registration number. If you have any questions please contact me or Ted Williams, Appriss PAC's new treasurer.

Sincerely,


Amy D. Cubbage

Enclosure

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2003 OCT 20 A 9 36

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (or US) (Check if name is changed) Example: if typing, type over Pre Filled **12P84M5**

A, P, R, I, S, S, P, A, C

ADDRESS (number and street) **304 L L INN STATION ROAD**

(Check if address is changed)

COUISVILLE KY 40223-3842

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

502-815-0301

2. DATE **10 10 2003**

3. FEC IDENTIFICATION NUMBER **C**

4. 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.

Type or Print Name of Treasurer **Ted L. Williams, CPA**

Signature of Treasurer  Date **10 10 2003**

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.

5. TYPE OF COMMITTEE (Check One)

- (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 _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

I A P P R E S S , I N C _____

Mailing Address 1 0 4 7 H I N N S T A T I O N R O A D _____

L O U I S V I L L E , K Y 4 0 2 2 3 - 3 5 4 2 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship C O N N E C T E D _____

Type of Connected Organization:

- Corporation Corporation w/ Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Address PAC

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 T.R.E.A.S.U.R.E.R.

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone 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 of Treasurer T.E.D. J. WILKINS, CPA

Mailing Address 1041 LINN STATION ROAD LOUISVILLE KY 40223-3842

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 800-816-0491

Full Name of Designated Agent KATHY J. GREEN

Mailing Address 1043 LINN STATION ROAD LOUISVILLE KY 40223-3842

Title or Position CITY STATE ZIP CODE

ASSISTANT TARI A SUBRE Telephone number 800-816-0491

9. Banks or Other Depositors: 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.

FIFTH THIRD BANK

Mailing Address

401 SOUTH AVENUE

LOUISVILLE KY 40202-5398

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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