

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

BrettPAC - The Leadership PAC of US Representative Brett Guthrie

ADDRESS (number and street)

504 Derek Avenue

☐ Check if different than previously reported. (ACC)

Elizabethtown

KY

42701-9168

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00483487

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☒ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer Laura LaRue

Signature of Treasurer

Laura LaRue

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BrettPAC - The Leadership PAC of US Representative Brett Guthrie

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 01 2014 To: M M / D D / Y Y Y Y Y Y  
09 30 2014

|                                                                                                                                                                               | COLUMN A<br>This Period                                              | COLUMN B<br>Calendar Year-to-Date                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><span style="border: 1px solid black; padding: 2px;">2014</span> |                                                                      | <span style="border: 1px solid black; padding: 2px;">21069.98</span> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                                                                                     | <span style="border: 1px solid black; padding: 2px;">13481.68</span> |                                                                      |
| (c) Total Receipts (from Line 19) .....                                                                                                                                       | <span style="border: 1px solid black; padding: 2px;">15003.36</span> | <span style="border: 1px solid black; padding: 2px;">46025.06</span> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....                                                                           | <span style="border: 1px solid black; padding: 2px;">28485.04</span> | <span style="border: 1px solid black; padding: 2px;">67095.04</span> |
| 7. Total Disbursements (from Line 31) .....                                                                                                                                   | <span style="border: 1px solid black; padding: 2px;">16385</span>    | <span style="border: 1px solid black; padding: 2px;">54995</span>    |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                                                                                     | <span style="border: 1px solid black; padding: 2px;">12100.04</span> | <span style="border: 1px solid black; padding: 2px;">12100.04</span> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                               | <span style="border: 1px solid black; padding: 2px;">0</span>        |                                                                      |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                              | <span style="border: 1px solid black; padding: 2px;">0</span>        |                                                                      |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

BrettPAC - The Leadership PAC of US Representative Brett Guthrie

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 1 | 4 |

| I. Receipts                                                                                           | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                            |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                               |                               |                                   |
| (i) Itemized (use Schedule A).....                                                                    | 500                           | 500                               |
| (ii) Unitemized .....                                                                                 | 0                             | 0                                 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►                                                      | 500                           | 500                               |
| (b) Political Party Committees .....                                                                  | 0                             | 0                                 |
| (c) Other Political Committees (such as PACs).....                                                    | 14500                         | 45500                             |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 15000                         | 46000                             |
| 12. Transfers From Affiliated/Other Party Committees.....                                             | 0                             | 0                                 |
| 13. All Loans Received .....                                                                          | 0                             | 0                                 |
| 14. Loan Repayments Received.....                                                                     | 0                             | 0                                 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0                             | 0                                 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0                             | 0                                 |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....                                           | 3.36                          | 25.06                             |
| 18. Transfers from Non-Federal and Levin Funds                                                        |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....                                                      | 0                             | 0                                 |
| (b) Levin Funds (from Schedule H5) .....                                                              | 0                             | 0                                 |
| (c) Total Transfers (add 18(a) and 18(b))..                                                           | 0                             | 0                                 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                         | 15003.36                      | 46025.06                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                   | 15003.36                      | 46025.06                          |

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:                                                                    |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....                                                                        | 0                             | 0                                 |
| (ii) Non-Federal Share.....                                                                    | 0                             | 0                                 |
| (b) Other Federal Operating Expenditures .....                                                 | 3385                          | 7995                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 3385                          | 7995                              |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0                             | 0                                 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 9000                          | 39500                             |
| 24. Independent Expenditures (use Schedule E) .....                                            | 0                             | 0                                 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0                             | 0                                 |
| 26. Loan Repayments Made.....                                                                  | 0                             | 0                                 |
| 27. Loans Made.....                                                                            | 0                             | 0                                 |
| 28. Refunds of Contributions To:                                                               |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0                             | 0                                 |
| (b) Political Party Committees .....                                                           | 0                             | 0                                 |
| (c) Other Political Committees (such as PACs).....                                             | 0                             | 0                                 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0                             | 0                                 |
| 29. Other Disbursements .....                                                                  | 4000                          | 7500                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))                                              |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....                                                                        | 0                             | 0                                 |
| (ii) "Levin" Share.....                                                                        | 0                             | 0                                 |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0                             | 0                                 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0                             | 0                                 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 16385                         | 54995                             |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 16385                         | 54995                             |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 15000                         | 46000                             |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0                             | 0                                 |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 15000                         | 46000                             |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 3385                          | 7995                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0                             | 0                                 |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 3385                          | 7995                              |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**BrettPAC - The Leadership PAC of US Representative Brett Guthrie**

Full Name (Last, First, Middle Initial)

**A. William Christopher Lamond**

Mailing Address 5006 Worthington Drive

City

Bethesda

State

MD

Zip Code

20816-2747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thorn Ruen

Occupation

Partner

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500

Date of Receipt

09 / 19 / 2014

Transaction ID : 357-528-c

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 14  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**BrettPAC - The Leadership PAC of US Representative Brett Guthrie**

Full Name (Last, First, Middle Initial)

## **A. Guthrie for Congress**

Mailing Address PO Box 9639

City State Zip Code  
Bowling Green KY 42102-9639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

M M / D D / Y Y Y Y  
08 / 08 / 2014

**Transaction ID : 1-518-c**

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

## **B. Raytheon PAC**

Mailing Address 1100 Wilson Boulevard  
Suite 1500

City State Zip Code  
Arlington VA 22209-3900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500

Date of Receipt

M M / D D / Y Y Y Y  
07 / 31 / 2014

**Transaction ID : 19-517-c**

Amount of Each Receipt this Period

2500

Full Name (Last, First, Middle Initial)

## **C. Bridgepoint Education, Inc. PAC**

Mailing Address 13500 Evening Creek Drive N

City State Zip Code  
San Diego CA 92128-8104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : 227-530-c**

Amount of Each Receipt this Period

1000

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 14  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**BrettPAC - The Leadership PAC of US Representative Brett Guthrie**

Full Name (Last, First, Middle Initial)

## **A. American Association of Nurse Anesthetists**

Mailing Address 25 Massachusetts Avenue NW  
Suite 550

City State Zip Code  
Washington DC 20001-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000

Date of Receipt

M M / D D / Y Y Y Y  
07 / 28 / 2014

**Transaction ID : 293-516-c**

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

## **B. NCTAPAC**

Mailing Address 25 Massachusetts Avenue NW  
Suite 100

City State Zip Code  
Washington DC 20001-1434

FEC ID number of contributing  
federal political committee.

C C00010082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : 396-529-c**

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6000.00

14500.00



|                          |     |                          |     |                                     |     |                          |     |                          |    |                          |     |
|--------------------------|-----|--------------------------|-----|-------------------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input type="checkbox"/> | 21b | <input type="checkbox"/> | 22  | <input checked="" type="checkbox"/> | 23  | <input type="checkbox"/> | 24  | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26  |
| <input type="checkbox"/> | 27  | <input type="checkbox"/> | 28a | <input type="checkbox"/>            | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

BrettPAC - The Leadership PAC of US Representative Brett Guthrie

Three digital displays showing the date in MM/DD/YYYY format: 07/08/2014.

State: KY



A horizontal number line with arrows at both ends. It has 11 tick marks, creating 10 equal intervals. The number 1000 is written above the 10th tick mark from the left.

State: VA

Three digital displays showing the date in MM/DD/YYYY format: 07/10/2014.

State: GA

7000.00

[illegible]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**BrettPAC - The Leadership PAC of US Representative Brett Guthrie**

Full Name (Last, First, Middle Initial)

**A. Capital One**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 09    |   | 2014      |

Mailing Address PO Box 6492

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| Carol Stream | IL    | 60197-6492 |

**Transaction ID : SB23-419-509-e**Purpose of Disbursement  
political contibution online

011

Amount of Each Disbursement this Period

Candidate Name

**Mr. Mike Coffman**Category/  
Type

|                |                                           |
|----------------|-------------------------------------------|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2014                                                       |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: CO District: 06

|      |
|------|
| 1000 |
|------|

Full Name (Last, First, Middle Initial)

**B. Coffman for Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 24    |   | 2014      |

Mailing Address 4950 S Yosemite Street  
# 511

|                   |       |            |
|-------------------|-------|------------|
| City              | State | Zip Code   |
| Greenwood Village | CO    | 80111-1349 |

**Transaction ID : SB23-199-8-V**Purpose of Disbursement  
political contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Mr. Mike Coffman**Category/  
Type

|                |                                           |
|----------------|-------------------------------------------|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2014                                                       |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: CO District: 06

|      |
|------|
| 1000 |
|------|

**[MEMO ITEM]**

Subitemization of Capital One ( 07/09/14 )

Full Name (Last, First, Middle Initial)

**C. LaRue for Kentucky**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 26    |   | 2014      |

Mailing Address PO Box 119

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Hodgenville | KY    | 42748-0119 |

**Transaction ID : SB23-431-523-e**Purpose of Disbursement  
Political Contribution: contribution

011

Amount of Each Disbursement this Period

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2014                                                       |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: District:

|     |
|-----|
| 500 |
|-----|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**BrettPAC - The Leadership PAC of US Representative Brett Guthrie**

Full Name (Last, First, Middle Initial)

**A. Michael Meredith for State Representative**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 26    |   | 2014        |

Mailing Address PO Box 292

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Brownsville | KY    | 42210-0292 |

Purpose of Disbursement  
Political Contribution: contribution

011

Candidate Name

Category/  
Type

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2014                                                       |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: District:

**Transaction ID : SB23-433-524-e**

Amount of Each Disbursement this Period

|     |
|-----|
| 500 |
|-----|

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|      |       |          |

Purpose of Disbursement

Category/  
Type

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

State: District:

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|      |       |          |

Purpose of Disbursement

Category/  
Type

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

State: District:

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

9000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 14

|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**BrettPAC - The Leadership PAC of US Representative Brett Guthrie**

Full Name (Last, First, Middle Initial)

**A. Suzanne Miles for State Representative**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 08    |   | 2014      |

Mailing Address PO Box 21592

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Owensboro | KY    | 42304-1592 |

**Transaction ID : SB29-386-504-e**Purpose of Disbursement  
Political Contribution: contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Ms. Suzanne Miles**Category/  
Type

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                            |                                  |
|-------------------|--------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 26    |   | 2014      |

**B. Kim King for State Representative**

Mailing Address 250 Brightleaf Drive

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Harrodsburg | KY    | 40330-8841 |

**Transaction ID : SB29-435-525-e**Purpose of Disbursement  
Political Contribution: contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Hon. Kim King**Category/  
Type

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                            |                                  |
|-------------------|--------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

State: District:

(For State/Local Candidate Support)

**C. C.B. Embry for State Senate**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 26    |   | 2014      |

Mailing Address PO Box 1215

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Morgantown | KY    | 42261-1215 |

**Transaction ID : SB29-423-519-e**Purpose of Disbursement  
Political Contribution: contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Hon. C.B. Embry Jr.**Category/  
Type

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                            |                                  |
|-------------------|--------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

State: District:

(For State/Local Candidate Support)

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 14

|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**BrettPAC - The Leadership PAC of US Representative Brett Guthrie**

Full Name (Last, First, Middle Initial)

**A. Russell Webber**

Mailing Address PO Box 6605

|                |       |            |
|----------------|-------|------------|
| City           | State | Zip Code   |
| Shepherdsville | KY    | 40165-6605 |

Purpose of Disbursement  
Political Contribution: contribution

Candidate Name

**Hon. Russell Webber**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 26    |   | 2014      |

**Transaction ID : SB29-429-522-e**

Amount of Each Disbursement this Period

|     |
|-----|
| 500 |
|-----|

(For State/Local Candidate Support)

Full Name (Last, First, Middle Initial)

**B. David Floyd for State Representative**

Mailing Address 102 Maywood Avenue

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Bardstown | KY    | 40004-2246 |

Purpose of Disbursement  
Political Contribution: contribution

Candidate Name

**Hon. David Floyd**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 26    |   | 2014      |

**Transaction ID : SB29-425-520-e**

Amount of Each Disbursement this Period

|     |
|-----|
| 500 |
|-----|

(For State/Local Candidate Support)

Full Name (Last, First, Middle Initial)

**C. James Tipton for State Representative**

Mailing Address 8151 Little Mount Road

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| Taylorsville | KY    | 40071-9620 |

Purpose of Disbursement  
Political Contribution: contribution

Candidate Name

**Hon. James Tipton**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 26    |   | 2014      |

**Transaction ID : SB29-427-521-e**

Amount of Each Disbursement this Period

|     |
|-----|
| 500 |
|-----|

(For State/Local Candidate Support)

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 1500.00 |
|---------|

|         |
|---------|
| 4000.00 |
|---------|