Pro-Jobs, Pro-Kentucky 101 South Fifth St., Suite 2500

Louisville, KY 40202

March 18, 2013

RECEIVED

2818 MAR 22 AM 10: 05 FEC MAIL CENTER

Federal Election Commission 999 E St. NW Washington, DC 20463

Re: Form 1, Statement of Organization - Unlimited Contributions

To Whom, It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated contributions, to federal candidates or committees.

Respectfully submitted,

Michael D. (Iden

Michael G. Adams

Treasurer

FEC

STATEMENT OF

RECEIVED 28 MAR 22 AM ID:

FORM 1		ORGANIZA	ATION	FEC	MAJLOGONTER
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
PRO-JOBS	S, PRO	P-KENTUCKY		<u></u>	
ADDRESS (number a	nd street)	P O BOX 641	7	11111	
(Check if ac is changed)		LOUISVILLE		KY	40206
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change	address	S (Please provide only one e michael.adam	-mail address) ns@dinsmore.c	om	
COMMITTEE'S WEB	PAGE ADD	RESS (URL)			
(Check if is change					
2. DATE 03	18	2013			
3. FEC IDENTIFIC	CATION NU	MBER C	क के उन्हें दूर ताता का कुला का बहुत का उन्हें का का कि का कि		
4. IS THIS STATE	MENT 🔀	NEW (N) OR	AMENDED (A)		
I certify that I have e	of Treasurer	Statement and to the best Michael G. A	of my knowledge and belief in dams	t is true, correct	and complete.
NOTE: Submission of		•	may subject the person signing		the penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate 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 information below.)). (Complete the candidate
Name of Candidate Liliiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	UN-C-ACTOMETRIAN
Candidate Office House Senate President	State State dent District
(c) This committee supports/opposes only one candidate, and is NOT an authorized commit	ttee.
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 6.)) Its connected organization is
Corporation Corporation w/o Capital Stock Membership Organization Trade Association	Labor Organization Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a sepa	arate segregated fund or party
In addition, this committee is a Lebbyist/Registrant PAC.	· .
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Loint Fundraising Representative	· · · · · · · · · · · · · · · · · · ·
Joint Fundraising Representative: (g) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/grganizations, at least one of which is an authorized committee of a federal can	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate.	ds for two or more political
Committees Participating in Joint Fundraiser	
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3.	
4.	

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FEC Form 1 (Rev	ised 02/2009)		Page 3
Write or Type Committee	Name		
PRO-JOBS, F	PRO-KENTUCKY	. .	
6. Name of Any Connec	ted Organization, Affiliated Committee, Jo	int Fundralsing Representa	tive, or Leadership PAC Sponsor
NONE			
	<u> </u>	111111	
Mailing Address			
maining Addiess			*************************************
			
	CITY	STAT	E ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee	Joint Fundraising Repres	entative Leadership PAC Sponsor
neialionship:Conn	Animated Committee	Point Fundraising Nepres	eritative LVC Shoulson
 Custodian of Records: books and records. 	: Identify by name, address (phone number	optional) and position of tr	ie person in possession of committee
- IMic	chael G. Adams		
ruli Name [101 South Fifth Street		
Mailing Address	Suite 2500		, , , , , , , , , , , , , , , , , , ,
٠.	Louisville	, , , , , , , , , , , , , , , , , , ,	1 40202 1-1 1 1
Title or Position	<u> </u>		7IR CODE
TILLE OF FOSITION	CITY	· STATE	ZIP CODE
Treasurer	<u> </u>	Telephone number	502 - 540 - 2357
	ne and address (phone number optional) o e.g., assistant treasurer).	f the treasurer of the commi	ttee; and the name and address of
Full Name Mic	chael G. Adams		
Mailing Address	101 South Fifth Street		
	Suite 2500		
	Louisville	KY	′ 40202
	СПУ	STATE	ZIP CODE
Title or Position Treasurer	, , , , , , , , , , , , , , , , , , ,	Telephone number	502, _ 540, _ 2357 ,
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FEÇ Forr									
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Full Name of Designated Agent		1111				·.		<u> </u>	11,1
Mailing Address	. ;				<u>.</u>	· · · · ·		1 1 1 1	 ;
				<u> </u>				111	<u> </u>
Title or Position			CITY	, I - I - I - I	لتثن	STATE	<u>L. L.</u>	ZIP CODE	
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No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne	ext Business Day Delivery
Received from House Records & Registration (Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Julo .	3/22/13
PREPARER	DATE PREPARED

(3/2005)