STATEMENT OF

PAGE 1 / 4 =

| FEC FORM 1 | | _ | RGANIZ | _ | | | | | | N (() | | | | |
|---|--------------|-------------|----------------------|------------|---|--------------------|---------|-------|--------|--------------|--|--------------|---------|--------|
| 1. NAME OF | | _ | (Check if name | Fyami | ole:If typing, | tyne | 1.0- | 4- | | Office U | se On | ly | | |
| COMMITTEE (in | full) | | is changed) | | ne lines. | турс | 121 | E4N | 15 | | | | | |
| Kentucky T | omorr | ow, II | nc. | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| ADDRESS (number a | nd street) | P.O. Bo | x 22142 | | | | | | | | | | | |
| (Check if a is changed | | | | | | | | | | | | | | |
| is changed | 4) | Louisvi | lle | | | 1 | KY | | 40 | 252 | | 1_1 | | |
| | | | CITY A | | | | STAT | E 🛦 | | | ZII | P CO | DE 🛦 | |
| COMMITTEE'S E-MA | AIL ADDRES | SS | | | | | | | | | | | | |
| (Check if a | | andre | w.schachtner@g | gmail.com | 1 | | | | | | | | | ı |
| is changed | i) | | | | | | | | | | | | | |
| | | Optiona | I Second E-Mail Ad | ddress | 1 1 1 1 | | | 1 1 | ı | | 1 1 | 1 1 | 1 1 | . 1 |
| | | | | | | | | | | | | | | |
| COMMITTEE'S WEB (Check if a is changed | address | DRESS (U | JRL) | | | | | | | | <u> </u> | | | |
| | | | | | | | | | | | | | | |
| 2. DATE 09 | 9 / 20 | | 2019 | | | | | | | | | | | |
| 3. FEC IDENTIFIC | CATION NU | JMBER | C | C00622415 | | | | | | | | | | |
| 4. IS THIS STATEN | MENT | NEV | V (N) OR | × | AMENDE | ED (A) | | | | | | | | |
| certify that I have e | examined th | is Statem | ent and to the bes | t of my kn | owledge and | l belief it | is true | corre | ect an | d com | plete | | | |
| Type or Print Name of | of Treasurer | Schack | ntner, Andrew, , , | | | | | | | | | | | |
| Signature of Treasure | er Schace | htner, Andr | ew, , , | [1 | Electronically I | Filed] | Date | | 10 | | 16 | / Y | 2019 | |
| NOTE: Submission of | | | complete information | | | | | | | pena | lties o | of 2 U | .S.C. { | §437g. |
| Office Use Only | | | | F | or further info ederal Election oll Free 800-42 ocal 202-694-1 | Commission 24-9530 | | | | | | ORI 06/20 | | |

Local 202-694-1100

| FF0 = | 4 (Davided 00/0000) | D 0 |
|-----------------------------|---|--|
| | orm 1 (Revised 02/2009) COMMITTEE | Page 2 |
| | e 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. (Compinformation below.) | plete the candidate |
| Name of Candidate | | |
| Candidate Party Affiliat | ion Office Sought: House Senate President | State District |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Cor | | _ |
| (d) | | Democratic, Republican, etc.) Party |
| Political A | Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nected organization is |
| | Corporation Corporation w/o 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 secommittee. (i.e., nonconnected committee) | gregated 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.) | |
| Joint Fund | draising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate. | o 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. | o or more political |
| Com | nmittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number | |
| 3. | FEC ID number | |
| 4. | | |

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|---|--|---------------------------|
| Write or Type Committee N | | i age 3 |
| Kentucky Ton | | |
| | ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lea | adership PAC Sponsor |
| NONE | | |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Conne | ected Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| Custodian of Records: books and records. | Identify by name, address (phone number optional) and position of the person i | n possession of committee |
| Schac | htner, Andrew, , , | |
| Mailing Address | PO Box 22142 | |
| J | | |
| | Louisville KY 402 | 252 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | - 807 - 1551 |
| Treasurer: List the name any designated agent (e. | e and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer). | ne name and address of |
| Full Name Schace of Treasurer | htner, Andrew, , , | |
| Mailing Address | PO Box 22142 | |
| | | |
| | Louisville KY 402 CITY STATE | ZIP CODE |
| Title or Position Treasurer | Telephone number | _ [807 |

| i Lo I dilli I (R | evised 02/2009) | | Page 4 |
|--|--|---------------|---------------|
| | | | |
| Full Name of Designated | | | |
| Agent | | | |
| Mailing Address | | | |
| | | | |
| | CITY | STATE | ZIP CODE |
| Title or Position | | | |
| | Telepho | one number | |
| Name of Bank, Deposi | cht Bank | | |
| Name of Bank, Deposit | tory, etc. Cht Bank 2404 Sir Barton Way | , . KV . 4050 | 9 |
| Name of Bank, Deposi | rcht Bank | KY 4050 | 9 |
| Name of Bank, Deposi | tory, etc. Cht Bank 2404 Sir Barton Way | KY 4050 | 9 ZIP CODE |
| Name of Bank, Deposi | cht Bank 2404 Sir Barton Way Lexington | | |
| Name of Bank, Deposi | cht Bank 2404 Sir Barton Way Lexington | | |
| Name of Bank, Deposition of Bank, Deposition of Bank, Deposition | ccht Bank 2404 Sir Barton Way Lexington CITY | STATE | |
| Name of Bank, Deposition Mailing Address Name of Bank, Deposition | ccht Bank 2404 Sir Barton Way Lexington CITY | STATE | |
| Name of Bank, Deposition Mailing Address Name of Bank, Deposition | ccht Bank 2404 Sir Barton Way Lexington CITY | STATE | |
| Name of Bank, Deposi | ccht Bank 2404 Sir Barton Way Lexington CITY | STATE | |