

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

ADDRESS (number and street) PO BOX 24843  
 Check if different than previously reported. (ACC)  
LOUISVILLE KY 40224

2. **FEC IDENTIFICATION NUMBER** C00015594  
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 Quarterly 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)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2009 through 12 31 2009

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 Mr. Corey Allen Koellner

Signature of Treasurer Electronically Filed by Mr. Corey Allen Koellner Date 01 12 2011

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**

Write or Type Committee Name  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		9654.98
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	33.39									
(c) Total Receipts (from Line 19) .....	25175.80	62794.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	25209.19	72449.81								
7. Total Disbursements (from Line 31) .....	24122.49	71363.11								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1086.70	1086.70								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	5500.00									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	19131.68	43270.68
(ii) Unitemized .....	5080.50	15865.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	24212.18	59136.18
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	925.00	3125.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	25137.18	62261.18
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	38.62	533.65
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	25175.80	62794.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	25175.80	62794.83

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	24122.49	47272.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	24122.49	47272.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	24090.77
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	24122.49	71363.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24122.49	71363.11

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	25137.18	62261.18
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25137.18	62261.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	24122.49	47272.34
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	38.62	533.65
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	24083.87	46738.69

**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 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Catherine Todd Bailey		Date of Receipt
	Mailing Address 6410 Longview Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 13 / 2009
	City	State	Zip Code
	Louisville	KY	40222
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9803
Name of Employer Housewife		Occupation Housewife	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 1500.00	Personal Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Kevin Bratcher		Date of Receipt
	Mailing Address 10215 Landwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 30 / 2009
	City	State	Zip Code
	Louisville	KY	40291
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9869
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	Individual Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Scott Brinkman		Date of Receipt
	Mailing Address 6001 Two Springs Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 05 / 2009
	City	State	Zip Code
	Lou	KY	40207
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9841
Name of Employer Ogden Newell and Welch		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	Individual Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 850.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 7 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregory Brotzge		Date of Receipt
	Mailing Address 1610 Parkridge Parkway		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Louisville	KY	40214
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.9828
Name of Employer Brotzge Lobbying Services		Occupation Lobbyist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Individual Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) J. McCauley Brown		Date of Receipt
	Mailing Address 5208 Avish Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Harrods Creek	KY	40027
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.9825
Name of Employer Brown-Forman		Occupation Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Individual Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Ron Butt		Date of Receipt
	Mailing Address 10906 Old Harrods Woods Cir.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Louisville	KY	40223
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.9998
Name of Employer President		Occupation ARGI Financial Group	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Individual Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 8 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Ron Butt	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 10906 Old Harrods Woods Cir.	<b>Transaction ID:</b> SA11AI.9891
	City State Zip Code Louisville KY 40223	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Individual Contribution
Name of Employer President	Occupation ARGI Financial Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ellen B. Camentz	Date of Receipt MM / DD / YYYY 10 / 21 / 2009
	Mailing Address 6314 Shadow Wood Ct.	<b>Transaction ID:</b> SA11AI.9895
	City State Zip Code Prospect KY 40059	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Individual Contribution
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ronald Catron	Date of Receipt MM / DD / YYYY 07 / 26 / 2009
	Mailing Address 312 McArthur Drive	<b>Transaction ID:</b> SA11AI.10016
	City State Zip Code Louisville KY 40207	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	Individual Contribution
Name of Employer LHI Lighting	Occupation Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	510.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 9 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronald Catron	Date of Receipt MM / DD / YYYY 08 / 26 / 2009
	Mailing Address 312 McArthur Drive	<b>Transaction ID:</b> SA11AI.10017
	City State Zip Code Louisville KY 40207	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Individual Contribution
Name of Employer LHI Lighting	Occupation Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 311.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ronald Catron	Date of Receipt MM / DD / YYYY 09 / 26 / 2009
	Mailing Address 312 McArthur Drive	<b>Transaction ID:</b> SA11AI.10018
	City State Zip Code Louisville KY 40207	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Individual Contribution
Name of Employer LHI Lighting	Occupation Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 321.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ronald Catron	Date of Receipt MM / DD / YYYY 10 / 26 / 2009
	Mailing Address 312 McArthur Drive	<b>Transaction ID:</b> SA11AI.10019
	City State Zip Code Louisville KY 40207	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Individual Contribution
Name of Employer LHI Lighting	Occupation Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 331.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 10 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronald Catron		Date of Receipt MM / DD / YYYY 11 / 26 / 2009		
	Mailing Address 312 McArthur Drive		Transaction ID: SA11AI.10020		
	City Louisville	State KY	Zip Code 40207	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C		Individual Contribution		
	Name of Employer LHI Lighting	Occupation Sales	Aggregate Year-to-Date 341.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Ronald Catron		Date of Receipt MM / DD / YYYY 12 / 26 / 2009		
	Mailing Address 312 McArthur Drive		Transaction ID: SA11AI.10021		
	City Louisville	State KY	Zip Code 40207	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C		Individual Contribution		
	Name of Employer LHI Lighting	Occupation Sales	Aggregate Year-to-Date 351.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Ron Crimm		Date of Receipt MM / DD / YYYY 07 / 13 / 2009		
	Mailing Address O.O. Box 43244		Transaction ID: SA11AI.9807		
	City Middletown	State KY	Zip Code 40253	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Personal Contribution		
	Name of Employer Thorobred Associates	Occupation Insurance Agent	Aggregate Year-to-Date 1100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# 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 11 / 64		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Bradford Cummings		Date of Receipt	
	Mailing Address 3118 Doreen Way		M M / D D / Y Y Y Y Y 07 / 10 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.11224
	Louisville	KY	40220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		10.00	
Name of Employer Louisville Metro Council		Occupation Administrative Assistant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 471.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Shelly Cummings		Date of Receipt	
	Mailing Address 1543 Abbotsford Drive		M M / D D / Y Y Y Y Y 07 / 17 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.11235
	Naperville	IL	60563	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		10.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Shelly Cummings		Date of Receipt	
	Mailing Address 1543 Abbotsford Drive		M M / D D / Y Y Y Y Y 08 / 18 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.11287
	Naperville	IL	60563	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		10.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 301.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 64  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Shelly Cummings

Mailing Address 1543 Abbotsford Drive

City Naperville State IL Zip Code 60563

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 311.00

Date of Receipt: 09 / 17 / 2009  
**Transaction ID:** SA11AI.11327  
 Amount of Each Receipt this Period: 10.00

**B.** Full Name (Last, First, Middle Initial)  
Shelly Cummings

Mailing Address 1543 Abbotsford Drive

City Naperville State IL Zip Code 60563

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 321.00

Date of Receipt: 10 / 19 / 2009  
**Transaction ID:** SA11AI.11349  
 Amount of Each Receipt this Period: 10.00

**C.** Full Name (Last, First, Middle Initial)  
Shelly Cummings

Mailing Address 1543 Abbotsford Drive

City Naperville State IL Zip Code 60563

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 331.00

Date of Receipt: 11 / 17 / 2009  
**Transaction ID:** SA11AI.11381  
 Amount of Each Receipt this Period: 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 64

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) John L. Dawson		Date of Receipt MM / DD / YYYY 09 / 22 / 2009		
	Mailing Address 7913 Westover Dr.		<b>Transaction ID:</b> SA11AI.9957		
	City Prospect	State KY	Zip Code 40059	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C		Individual Contribution		
	Name of Employer Retired	Occupation Retired	Aggregate Year-to-Date 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Bob M. DeWeese		Date of Receipt MM / DD / YYYY 07 / 01 / 2009		
	Mailing Address 6206 Glenn Hill Road		<b>Transaction ID:</b> SA11AI.9821		
	City Louisville	State KY	Zip Code 40222	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Personal Contribution		
	Name of Employer Retired	Occupation Retired surgeon	Aggregate Year-to-Date 475.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Kenneth Fleming		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 2000 Camargo Road		<b>Transaction ID:</b> SA11AI.9832		
	City Louisville	State KY	Zip Code 40207	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Individual Contribution		
	Name of Employer Louisville	Occupation Metro Council	Aggregate Year-to-Date 249.00		

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

325.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 64

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Stan R. Franczek		Date of Receipt MM / DD / YYYY 08 / 27 / 2009		
	Mailing Address 1213 Garden Creek Road		<b>Transaction ID:</b> SA11AI.9848		
	City Louisville	State KY	Zip Code 40223	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Individual Contribution		
	Name of Employer Capstone Realty	Occupation Owner/Partner	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Jean W. Frazier		Date of Receipt MM / DD / YYYY 10 / 26 / 2009		
	Mailing Address 4810 Cherry Valley		<b>Transaction ID:</b> SA11AI.9884		
	City Prospect	State KY	Zip Code 40059	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Individual Contribution		
	Name of Employer HFH, Inc.	Occupation Real Estate Developer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
1500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Owsley B. Frazier		Date of Receipt MM / DD / YYYY 10 / 13 / 2009		
	Mailing Address 5224 Avish Lane		<b>Transaction ID:</b> SA11AI.9855		
	City Louisville	State KY	Zip Code 40027	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Individual Contribution		
	Name of Employer Retired	Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 15 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) David Grider		Date of Receipt MM / DD / YYYY 07 / 17 / 2009		
	Mailing Address 6219 Moorhaven Dr.		<b>Transaction ID:</b> SA11AI.11236		
	City Louisville	State KY	Zip Code 40228	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Jefferson County Public School	Occupation Teacher	Aggregate Year-to-Date ▼ 509.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Rick Heath		Date of Receipt MM / DD / YYYY 10 / 31 / 2009		
	Mailing Address 3316 Springcrest Drive		<b>Transaction ID:</b> SA11AI.9866		
	City Louisville	State KY	Zip Code 40222	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Individual Contribution		
	Name of Employer Heath & Associates	Occupation Manufacturer's Representative	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Glenna Heimerdinger		Date of Receipt MM / DD / YYYY 07 / 01 / 2009		
	Mailing Address 5407 Cranwood Lane		<b>Transaction ID:</b> SA11AI.10023		
	City Louisville	State KY	Zip Code 40291	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C		Individual Contribution		
	Name of Employer Not Applicable	Occupation Housewife	Aggregate Year-to-Date ▼ 244.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	280.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# 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 16 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Glenna Heimerdinger		Date of Receipt MM / DD / YYYY 08 / 01 / 2009		
	Mailing Address 5407 Cranwood Lane		<b>Transaction ID:</b> SA11AI.10024		
	City Louisville	State KY	Zip Code 40291	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C		Individual Contribution		
	Name of Employer Not Applicable	Occupation Housewife	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼	254.00
--------------------------	--------

<b>B.</b>	Full Name (Last, First, Middle Initial) Glenna Heimerdinger		Date of Receipt MM / DD / YYYY 09 / 01 / 2009		
	Mailing Address 5407 Cranwood Lane		<b>Transaction ID:</b> SA11AI.10025		
	City Louisville	State KY	Zip Code 40291	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C		Individual Contribution		
	Name of Employer Not Applicable	Occupation Housewife	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼	264.00
--------------------------	--------

<b>C.</b>	Full Name (Last, First, Middle Initial) Glenna Heimerdinger		Date of Receipt MM / DD / YYYY 10 / 01 / 2009		
	Mailing Address 5407 Cranwood Lane		<b>Transaction ID:</b> SA11AI.10026		
	City Louisville	State KY	Zip Code 40291	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C		Individual Contribution		
	Name of Employer Not Applicable	Occupation Housewife	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼	274.00
--------------------------	--------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 17 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Glenna Heimerdinger		Date of Receipt MM / DD / YYYY 11 / 01 / 2009		
	Mailing Address 5407 Cranwood Lane		Transaction ID: SA11AI.10027		
	City Louisville	State KY	Zip Code 40291	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C		Individual Contribution		
	Name of Employer Not Applicable	Occupation Housewife	Aggregate Year-to-Date 284.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Glenna Heimerdinger		Date of Receipt MM / DD / YYYY 12 / 01 / 2009		
	Mailing Address 5407 Cranwood Lane		Transaction ID: SA11AI.10028		
	City Louisville	State KY	Zip Code 40291	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C		Individual Contribution		
	Name of Employer Not Applicable	Occupation Housewife	Aggregate Year-to-Date 294.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Bob Heuglin		Date of Receipt MM / DD / YYYY 10 / 24 / 2009		
	Mailing Address 11404 Tierney Ave		Transaction ID: SA11AI.9873		
	City Louisville	State KY	Zip Code 40272	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		Individual Contribution		
	Name of Employer	Occupation	Aggregate Year-to-Date 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	170.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 18 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Bob Heuglin	Date of Receipt MM / DD / YYYY 11 / 10 / 2009
	Mailing Address 11404 Tierney Ave	<b>Transaction ID:</b> SA11AI.9861
	City State Zip Code Louisville KY 40272	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Individual Contribution
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Daniel A. Huneke	Date of Receipt MM / DD / YYYY 07 / 16 / 2009
	Mailing Address 6302 Wolf Pen Branch Road	<b>Transaction ID:</b> SA11AI.10001
	City State Zip Code Prospect KY 40059	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Individual Contribution
	Name of Employer Occupation Dancor Inc. Real Estate Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Daniel A. Huneke	Date of Receipt MM / DD / YYYY 08 / 16 / 2009
	Mailing Address 6302 Wolf Pen Branch Road	<b>Transaction ID:</b> SA11AI.10002
	City State Zip Code Prospect KY 40059	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Individual Contribution
	Name of Employer Occupation Dancor Inc. Real Estate Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 19 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Daniel A. Huneke		Date of Receipt
	Mailing Address 6302 Wolf Pen Branch Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 16 / 2009
	City	State	Zip Code
	Prospect	KY	40059
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10003
Name of Employer Dancor Inc.		Occupation Real Estate Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 430.00	<input type="text"/> 20.00
			Individual Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Daniel A. Huneke		Date of Receipt
	Mailing Address 6302 Wolf Pen Branch Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 16 / 2009
	City	State	Zip Code
	Prospect	KY	40059
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10005
Name of Employer Dancor Inc.		Occupation Real Estate Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 20.00
			Individual Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Daniel A. Huneke		Date of Receipt
	Mailing Address 6302 Wolf Pen Branch Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 / 16 / 2009
	City	State	Zip Code
	Prospect	KY	40059
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10006
Name of Employer Dancor Inc.		Occupation Real Estate Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 470.00	<input type="text"/> 20.00
			Individual Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 60.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 64

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Daniel A. Huneke

Mailing Address 6302 Wolf Pen Branch Road

City State Zip Code  
Prospect KY 40059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dancor Inc. Real Estate Development

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 490.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10007

Amount of Each Receipt this Period

20.00

Individual Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Wade Hurt

Mailing Address 612 Kathleen Avenue

City State Zip Code  
Louisville KY 40215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Coldwell Banker Realtor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1595.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.9988

Amount of Each Receipt this Period

470.00

In-kind - Parking

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Wade Hurt

Mailing Address 612 Kathleen Avenue

City State Zip Code  
Louisville KY 40215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Coldwell Banker Realtor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2095.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.9991

Amount of Each Receipt this Period

500.00

Individual Contribution

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

990.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 64  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Wade Hurt

Mailing Address 612 Kathleen Avenue

City State Zip Code  
Louisville KY 40215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Coldwell Banker Realtor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2124.51

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2009

**Transaction ID:** SA11AI.9978

Amount of Each Receipt this Period  
29.51

In-kind - picnic supplies

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Wade Hurt

Mailing Address 612 Kathleen Avenue

City State Zip Code  
Louisville KY 40215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Coldwell Banker Realtor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2165.87

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2009

**Transaction ID:** SA11AI.9980

Amount of Each Receipt this Period  
41.36

In-kind - picnic supplies

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Wade Hurt

Mailing Address 612 Kathleen Avenue

City State Zip Code  
Louisville KY 40215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Coldwell Banker Realtor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2332.01

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2009

**Transaction ID:** SA11AI.11197

Amount of Each Receipt this Period  
166.14

In-kind - Picnic Supplies

**SUBTOTAL** of Receipts This Page (optional) ..... ► **237.01**

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

# 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 22 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Wade Hurt		Date of Receipt
	Mailing Address 612 Kathleen Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Louisville	KY	40215
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9976
Name of Employer Coldwell Banker		Occupation Realtor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 52.88
		<input type="text"/> 2384.89	In-kind - Food & Drinks

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Wade Hurt		Date of Receipt
	Mailing Address 612 Kathleen Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Louisville	KY	40215
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9983
Name of Employer Coldwell Banker		Occupation Realtor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 2424.89	In-kind - Router

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Wade Hurt		Date of Receipt
	Mailing Address 612 Kathleen Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Louisville	KY	40215
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9963
Name of Employer Coldwell Banker		Occupation Realtor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 88.00
		<input type="text"/> 2512.89	In-kind - St. Fair Volunteer Tickets

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 180.88
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 64  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

**A.**

Full Name (Last, First, Middle Initial) Mr. Wade Hurt		Date of Receipt MM / DD / YYYY 08 / 19 / 2009
Mailing Address 612 Kathleen Avenue		<b>Transaction ID:</b> SA11AI.9974
City Louisville	State KY	Zip Code 40215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.20
Name of Employer Coldwell Banker	Occupation Realtor	In-kind - dolly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2597.09	

**B.**

Full Name (Last, First, Middle Initial) Mr. Wade Hurt		Date of Receipt MM / DD / YYYY 08 / 21 / 2009
Mailing Address 612 Kathleen Avenue		<b>Transaction ID:</b> SA11AI.9965
City Louisville	State KY	Zip Code 40215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 88.00
Name of Employer Coldwell Banker	Occupation Realtor	In-kind - St. Fair Volunteer Tickets
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2685.09	

**C.**

Full Name (Last, First, Middle Initial) Mr. Wade Hurt		Date of Receipt MM / DD / YYYY 08 / 21 / 2009
Mailing Address 612 Kathleen Avenue		<b>Transaction ID:</b> SA11AI.9967
City Louisville	State KY	Zip Code 40215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.00
Name of Employer Coldwell Banker	Occupation Realtor	In-kind - St. Fair Volunteer Tickets
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2729.09	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	216.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 24 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Wade Hurt		Date of Receipt
	Mailing Address 612 Kathleen Avenue		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Louisville	KY	40215
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Coldwell Banker		Occupation Realtor	<b>Transaction ID:</b> SA11AI.9970
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2773.09"/>	<input type="text" value="44.00"/>
In-kind - St. Fair Volunteer Tickets			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Wade Hurt		Date of Receipt
	Mailing Address 612 Kathleen Avenue		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Louisville	KY	40215
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Coldwell Banker		Occupation Realtor	<b>Transaction ID:</b> SA11AI.9972
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2795.09"/>	<input type="text" value="22.00"/>
In-kind - St. Fair Volunteer Tickets			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Wade Hurt		Date of Receipt
	Mailing Address 612 Kathleen Avenue		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Louisville	KY	40215
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Coldwell Banker		Occupation Realtor	<b>Transaction ID:</b> SA11AI.9985
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2885.68"/>	<input type="text" value="90.59"/>
In-kind - Tables			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="156.59"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 64  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Wade Hurt

Mailing Address 612 Kathleen Avenue

City State Zip Code  
Louisville KY 40215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Coldwell Banker Realtor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
4166.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.9959

Amount of Each Receipt this Period

1281.00

In-kind - T-Shirts

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Wade Hurt

Mailing Address 612 Kathleen Avenue

City State Zip Code  
Louisville KY 40215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Coldwell Banker Realtor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
4266.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.9961

Amount of Each Receipt this Period

100.00

In-kind - banner

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Corey Allen Koellner

Mailing Address 5900 Ashby Lane

City State Zip Code  
Louisville KY 40272

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Not employed Auditor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
291.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.10008

Amount of Each Receipt this Period

10.00

Individual Contribution

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

1391.00

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

**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 26 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Corey Allen Koellner		Date of Receipt
	Mailing Address 5900 Ashby Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Louisville	KY	40272
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11AI.10010
Name of Employer Not employed		Occupation Auditor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 10.00
		<input type="text"/> 301.00	Individual Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Corey Allen Koellner		Date of Receipt
	Mailing Address 5900 Ashby Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Louisville	KY	40272
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11AI.10012
Name of Employer Not employed		Occupation Auditor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 10.00
		<input type="text"/> 311.00	Individual Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Corey Allen Koellner		Date of Receipt
	Mailing Address 5900 Ashby Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Louisville	KY	40272
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11AI.10013
Name of Employer Not employed		Occupation Auditor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 10.00
		<input type="text"/> 321.00	Individual Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 30.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 64
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Corey Allen Koellner		Date of Receipt
	Mailing Address 5900 Ashby Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 8 / 2 0 0 9
	City	State	Zip Code
	Louisville	KY	40272
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10014
Name of Employer Not employed		Occupation Auditor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 331.00	<input type="text"/> 10.00
Individual Contribution			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Corey Allen Koellner		Date of Receipt
	Mailing Address 5900 Ashby Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 1 8 / 2 0 0 9
	City	State	Zip Code
	Louisville	KY	40272
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10015
Name of Employer Not employed		Occupation Auditor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 341.00	<input type="text"/> 10.00
Individual Contribution			

<b>C.</b>	Full Name (Last, First, Middle Initial) Baylor, Jr. Landrum		Date of Receipt
	Mailing Address 516 Rolling Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 9 / 2 0 0 9
	City	State	Zip Code
	Louisville	KY	40207
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9868
Name of Employer None		Occupation Retired Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00
Individual Contribution			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 520.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 28 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. John M. Lawlor	Date of Receipt MM / DD / YYYY 07 / 02 / 2009
	Mailing Address 1270 Springdale Dr.	<b>Transaction ID:</b> SA11AI.11218
	City State Zip Code Louisville KY 40213	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer UPS	Occupation Cargo handling	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 318.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. John M. Lawlor	Date of Receipt MM / DD / YYYY 07 / 14 / 2009
	Mailing Address 1270 Springdale Dr.	<b>Transaction ID:</b> SA11AI.9811
	City State Zip Code Louisville KY 40213	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer UPS	Occupation Cargo handling	Personal Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. James B. Leshar	Date of Receipt MM / DD / YYYY 11 / 06 / 2009
	Mailing Address 117 St. Matthews Avenue	<b>Transaction ID:</b> SA11AI.9867
	City State Zip Code Louisville KY 40207	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer self-employed	Occupation private investigator	Individual Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	545.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 64

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. John McCarthy, Esq.		Date of Receipt																					
	Mailing Address 413 Jarvis Lane		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		0	2		2	0	0	9														
City	State	Zip Code	<b>Transaction ID:</b> SA11AI.9852																					
Louisville	KY	40207	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	1000.00																					
Name of Employer McCarthy Strategic Solutions		Occupation Government Relations Consultant	Individual Contribution																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	2000.00																					

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Jerry T. Miller		Date of Receipt																					
	Mailing Address 17200 Ash Hill Dr.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	0		2	0	0	9														
City	State	Zip Code	<b>Transaction ID:</b> SA11AI.11226																					
Louisville	KY	40245	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	10.00																					
Name of Employer Humana, Inc.		Occupation Finance Executive																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	410.00																					

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Jerry T. Miller		Date of Receipt																					
	Mailing Address 17200 Ash Hill Dr.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	3		2	0	0	9														
City	State	Zip Code	<b>Transaction ID:</b> SA11AI.9805																					
Louisville	KY	40245	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	100.00																					
Name of Employer Humana, Inc.		Occupation Finance Executive	Personal Contribution																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	510.00																					

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

1110.00

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

**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 30 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Jerry T. Miller		Date of Receipt
	Mailing Address 17200 Ash Hill Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 11 / 2009
	City	State	Zip Code
	Louisville	KY	40245
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11286
Name of Employer Humana, Inc.		Occupation Finance Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	<input type="text"/> 10.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Jerry T. Miller		Date of Receipt
	Mailing Address 17200 Ash Hill Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 29 / 2009
	City	State	Zip Code
	Louisville	KY	40245
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9851
Name of Employer Humana, Inc.		Occupation Finance Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1520.00	<input type="text"/> 1000.00
			Individual Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) ANNE NORTHUP		Date of Receipt
	Mailing Address 3340 LEXINGTON RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 12 / 11 / 2009
	City	State	Zip Code
	LOUISVILLE	KY	40206
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9865
Name of Employer Federal Government		Occupation Commissioner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 200.00
			Individual Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1210.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 31 / 64  
(check only one)  
 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)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Brian W O'Rourke

Mailing Address 6303 Dillard Court

City Prospect State KY Zip Code 40059

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: MM / DD / YYYY  
10 / 22 / 2009

Transaction ID: SA11AI.9871

Amount of Each Receipt this Period: 100.00

Individual Contribution

**B.** Full Name (Last, First, Middle Initial)  
Scott W. Reed

Mailing Address 1002 S. 12th St.

City Louisville State KY Zip Code 40210

FEC ID number of contributing federal political committee. **C**

Name of Employer VG Reed & Sons Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
08 / 06 / 2009

Transaction ID: SA11AI.9839

Amount of Each Receipt this Period: 250.00

Individual Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Walter S. Reichert

Mailing Address 5908 Santa Rosa Dr.

City Louisville State KY Zip Code 40219

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.00

Date of Receipt: MM / DD / YYYY  
07 / 14 / 2009

Transaction ID: SA11AI.9818

Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 64  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Walter S. Reichert

Mailing Address 5908 Santa Rosa Dr.

City State Zip Code  
Louisville KY 40219

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1130.00

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2009

**Transaction ID:** SA11AI.9881

Amount of Each Receipt this Period  
100.00

Individual Contribution

**B.** Full Name (Last, First, Middle Initial)  
Ms Ellen L. Reitmeyer

Mailing Address 1122 Powerhouse Lane  
Unit 204

City State Zip Code  
Louisville KY 40242

FEC ID number of contributing federal political committee. **C**

Name of Employer Louisville Metro Government Occupation Legislative Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2009

**Transaction ID:** SA11AI.11227

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Joseph M. Ridge

Mailing Address 819 Foxwood Ave.

City State Zip Code  
Louisville KY 40223

FEC ID number of contributing federal political committee. **C**

Name of Employer Doctor Remodel, LLC Occupation Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2009

**Transaction ID:** SA11AI.9893

Amount of Each Receipt this Period  
300.00

Individual Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **410.00**

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

**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 33 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) August Receipts Small Cash Contributions	Date of Receipt
	Mailing Address P.O. Box 24843	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 06 / 2009
	City State Zip Code Louisville KY 40224	<b>Transaction ID:</b> SA11AI.11266
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 205.00
	Name of Employer Not Applicable Occupation Not Applicable Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 205.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) September Receipts Small Cash Contributions	Date of Receipt
	Mailing Address P.O. Box 24843	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 01 / 2009
	City State Zip Code Louisville KY 40224	<b>Transaction ID:</b> SA11AI.11291
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 2185.00
	Name of Employer Not Applicable Occupation Not Applicable Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 2185.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) September Receipts Small Cash Contributions	Date of Receipt
	Mailing Address P.O. Box 24843	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 16 / 2009
	City State Zip Code Louisville KY 40224	<b>Transaction ID:</b> SA11AI.11326
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 300.00
	Name of Employer Not Applicable Occupation Not Applicable Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 2485.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2690.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 64  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
September Receipts Small Cash Contributions

Mailing Address P.O. Box 24843

City State Zip Code  
Louisville KY 40224

FEC ID number of contributing federal political committee. **C**

Name of Employer Not Applicable Occupation Not Applicable

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2760.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2009

**Transaction ID:** SA11AI.11333

Amount of Each Receipt this Period  
275.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George Sonnier

Mailing Address 6410 Lime Ridge Place

City State Zip Code  
Louisville KY 40222

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 12 / 2009

**Transaction ID:** SA11AI.9856

Amount of Each Receipt this Period  
250.00

Individual Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. James F. Steinfeld

Mailing Address 7113 Wood Briar Rd.

City State Zip Code  
Louisville KY 40241

FEC ID number of contributing federal political committee. **C**

Name of Employer Steinfeld, LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 25 / 2009

**Transaction ID:** SA11AI.9885

Amount of Each Receipt this Period  
250.00

Individual Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 775.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 64

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. William D. Tafel		Date of Receipt MM / DD / YYYY 10 / 14 / 2009		
	Mailing Address 25 Brownsboro Hill Rd.		<b>Transaction ID:</b> SA11AI.9853		
	City Louisville	State KY	Zip Code 40207	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Individual Contribution		
	Name of Employer Tafel Electric Company	Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
550.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Tierra Kavanaugh Turner		Date of Receipt MM / DD / YYYY 12 / 22 / 2009		
	Mailing Address 5507 Valley Park Dr		<b>Transaction ID:</b> SA11AI.11397		
	City Louisville	State KY	Zip Code 40299	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C		Individual Contribution		
	Name of Employer TKT & Associates	Occupation Consultant	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
201.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen Williams		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 1017 Essex Court		<b>Transaction ID:</b> SA11AI.9829		
	City Goshen	State KY	Zip Code 40026	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Individual Contribution		
	Name of Employer Norton Healthcare	Occupation CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>770.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>19131.68</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 64  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Friends to Elect Ernie Harris

Mailing Address P.O. Box 1073

City State Zip Code  
Crestwood KY 40014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2009

**Transaction ID:** SA11C.9808

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Kramer for Metro Council

Mailing Address 2915 Winterhaven Road

City State Zip Code  
Louisville KY 40220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2009

**Transaction ID:** SA11C.9813

Amount of Each Receipt this Period  
75.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Kramer for Metro Council

Mailing Address 2915 Winterhaven Road

City State Zip Code  
Louisville KY 40220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2009

**Transaction ID:** SA11C.9823

Amount of Each Receipt this Period  
100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **425.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 37 / 64	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Rand Paul for U.S. Senate Exploratory Committee		Date of Receipt	
	Mailing Address 200 Lakeside Way		M M / D D / Y Y Y Y 07 / 10 / 2009	
	City State Zip Code Bowling Green KY 42103		Transaction ID: SA11C.9809	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
	Name of Employer Occupation		Contribution	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	925.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 64

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) An Ultimate Event</p> <p>Mailing Address P.O. Box 4404</p> <p>City Louisville State KY Zip Code 40204</p> <p>Purpose of Disbursement Void check #1532</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11406 <b>Date of Disbursement</b> 12 / 30 / 2009</p> <p>Amount of Each Disbursement this Period -280.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) eProcessing Network</p> <p>Mailing Address 1415 North Loop West Suite 905</p> <p>City Houston State TX Zip Code 77008</p> <p>Purpose of Disbursement credit card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11183 <b>Date of Disbursement</b> 08 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 27.50</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) eProcessing Network</p> <p>Mailing Address 1415 North Loop West Suite 905</p> <p>City Houston State TX Zip Code 77008</p> <p>Purpose of Disbursement credit card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11185 <b>Date of Disbursement</b> 09 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 27.50</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

-225.00

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

A. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.11406**

Entry to void check #1532 (An Ultimate Event) written on 8/10/08, but never cashed.

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

A.	Full Name (Last, First, Middle Initial) eProcessing Network	Transaction ID: SB21B.11187 Date of Disbursement																			
	Mailing Address 1415 North Loop West Suite 905	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	2	/	2	0	0	9												
	City Houston State TX Zip Code 77008	Amount of Each Disbursement this Period																			
	Purpose of Disbursement credit card processing fee Candidate Name	<table border="1"><tr><td>27.50</td></tr></table>	27.50																		
27.50																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		003 Category/Type																			

B.	Full Name (Last, First, Middle Initial) eProcessing Network	Transaction ID: SB21B.11189 Date of Disbursement																			
	Mailing Address 1415 North Loop West Suite 905	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	2	/	2	0	0	9												
	City Houston State TX Zip Code 77008	Amount of Each Disbursement this Period																			
	Purpose of Disbursement credit card processing fee Candidate Name	<table border="1"><tr><td>27.50</td></tr></table>	27.50																		
27.50																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		003 Category/Type																			

C.	Full Name (Last, First, Middle Initial) eProcessing Network	Transaction ID: SB21B.11192 Date of Disbursement																			
	Mailing Address 1415 North Loop West Suite 905	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	0	2	/	2	0	0	9												
	City Houston State TX Zip Code 77008	Amount of Each Disbursement this Period																			
	Purpose of Disbursement credit card processing fee Candidate Name	<table border="1"><tr><td>27.50</td></tr></table>	27.50																		
27.50																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		003 Category/Type																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>82.50</td></tr></table>	82.50
82.50		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) FBM, Inc.</p> <p>Mailing Address 410 W. Chestnut Street</p> <p>City Louisville State KY Zip Code 40241</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9915</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1016.46"/></p> <p><input type="text" value="001"/> Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FBM, Inc.</p> <p>Mailing Address 410 W. Chestnut Street</p> <p>City Louisville State KY Zip Code 40241</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9926</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1016.46"/></p> <p><input type="text" value="001"/> Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FBM, Inc.</p> <p>Mailing Address 410 W. Chestnut Street</p> <p>City Louisville State KY Zip Code 40241</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9936</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1016.46"/></p> <p><input type="text" value="001"/> Category/Type</p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

A.	Full Name (Last, First, Middle Initial) FBM, Inc.	Transaction ID: SB21B.9941 Date of Disbursement 10 / 29 / 2009
	Mailing Address 410 W. Chestnut Street	Amount of Each Disbursement this Period 1016.46
	City Louisville State KY Zip Code 40241	
	Purpose of Disbursement Rent Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FBM, Inc.	Transaction ID: SB21B.9956 Date of Disbursement 12 / 04 / 2009
	Mailing Address 410 W. Chestnut Street	Amount of Each Disbursement this Period 1016.46
	City Louisville State KY Zip Code 40241	
	Purpose of Disbursement Rent Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Forms Management, Inc.	Transaction ID: SB21B.9950 Date of Disbursement 12 / 04 / 2009
	Mailing Address 832 S. Sixth St.	Amount of Each Disbursement this Period 100.00
	City Louisville State KY Zip Code 40203	
	Purpose of Disbursement Labels Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ▶

2132.92

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Wade Hurt</p> <p>Mailing Address 612 Kathleen Avenue</p> <p>City Louisville State KY Zip Code 40215</p> <p>Purpose of Disbursement In-kind - Parking</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9989</p> <p>Date of Disbursement 07 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 470.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Wade Hurt</p> <p>Mailing Address 612 Kathleen Avenue</p> <p>City Louisville State KY Zip Code 40215</p> <p>Purpose of Disbursement In-kind - picnic supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9979</p> <p>Date of Disbursement 07 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 29.51</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Wade Hurt</p> <p>Mailing Address 612 Kathleen Avenue</p> <p>City Louisville State KY Zip Code 40215</p> <p>Purpose of Disbursement In-kind - picnic supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9981</p> <p>Date of Disbursement 07 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 41.36</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

540.87

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr. Wade Hurt	Transaction ID: SB21B.11198 Date of Disbursement 07 / 11 / 2009
	Mailing Address 612 Kathleen Avenue	Amount of Each Disbursement this Period 166.14
	City Louisville State KY Zip Code 40215	
	Purpose of Disbursement In-kind - Picnic Supplies	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mr. Wade Hurt	Transaction ID: SB21B.9908 Date of Disbursement 07 / 14 / 2009
	Mailing Address 612 Kathleen Avenue	Amount of Each Disbursement this Period 1750.00
	City Louisville State KY Zip Code 40215	
	Purpose of Disbursement Office Management	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Wade Hurt	Transaction ID: SB21B.9914 Date of Disbursement 07 / 31 / 2009
	Mailing Address 612 Kathleen Avenue	Amount of Each Disbursement this Period 1750.00
	City Louisville State KY Zip Code 40215	
	Purpose of Disbursement Office Management	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3666.14</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr. Wade Hurt	Transaction ID: SB21B.9977 Date of Disbursement 08 / 04 / 2009
	Mailing Address 612 Kathleen Avenue	Amount of Each Disbursement this Period 52.88
	City Louisville State KY Zip Code 40215	
	Purpose of Disbursement In-kind - Food & Drinks	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mr. Wade Hurt	Transaction ID: SB21B.9984 Date of Disbursement 08 / 15 / 2009
	Mailing Address 612 Kathleen Avenue	Amount of Each Disbursement this Period 40.00
	City Louisville State KY Zip Code 40215	
	Purpose of Disbursement In-kind - Router	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Wade Hurt	Transaction ID: SB21B.9924 Date of Disbursement 08 / 18 / 2009
	Mailing Address 612 Kathleen Avenue	Amount of Each Disbursement this Period 1750.00
	City Louisville State KY Zip Code 40215	
	Purpose of Disbursement Office Management	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1842.88
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Wade Hurt</p> <p>Mailing Address 612 Kathleen Avenue</p> <p>City Louisville State KY Zip Code 40215</p> <p>Purpose of Disbursement In-kind - St. Fair Volunteer Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9964</p> <p>Date of Disbursement 08 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 88.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Wade Hurt</p> <p>Mailing Address 612 Kathleen Avenue</p> <p>City Louisville State KY Zip Code 40215</p> <p>Purpose of Disbursement In-kind - dolly</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9975</p> <p>Date of Disbursement 08 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 84.20</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Wade Hurt</p> <p>Mailing Address 612 Kathleen Avenue</p> <p>City Louisville State KY Zip Code 40215</p> <p>Purpose of Disbursement In-kind - St. Fair Volunteer Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9966</p> <p>Date of Disbursement 08 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 88.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

260.20

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr. Wade Hurt	Transaction ID: SB21B.9925 Date of Disbursement 09 / 03 / 2009
	Mailing Address 612 Kathleen Avenue	Amount of Each Disbursement this Period 1750.00
	City Louisville State KY Zip Code 40215	
	Purpose of Disbursement Office Management Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mr. Wade Hurt	Transaction ID: SB21B.9930 Date of Disbursement 09 / 16 / 2009
	Mailing Address 612 Kathleen Avenue	Amount of Each Disbursement this Period 1750.00
	City Louisville State KY Zip Code 40215	
	Purpose of Disbursement Office Management Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Wade Hurt	Transaction ID: SB21B.9987 Date of Disbursement 09 / 16 / 2009
	Mailing Address 612 Kathleen Avenue	Amount of Each Disbursement this Period 90.59
	City Louisville State KY Zip Code 40215	
	Purpose of Disbursement In-kind - Tables Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3590.59</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr. Wade Hurt	Transaction ID: SB21B.9960 Date of Disbursement 09 / 18 / 2009
	Mailing Address 612 Kathleen Avenue	Amount of Each Disbursement this Period 1281.00
	City Louisville State KY Zip Code 40215	
	Purpose of Disbursement In-kind - T-Shirts	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mr. Wade Hurt	Transaction ID: SB21B.9962 Date of Disbursement 09 / 18 / 2009
	Mailing Address 612 Kathleen Avenue	Amount of Each Disbursement this Period 100.00
	City Louisville State KY Zip Code 40215	
	Purpose of Disbursement In-kind - banner	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Wade Hurt	Transaction ID: SB21B.9942 Date of Disbursement 10 / 29 / 2009
	Mailing Address 612 Kathleen Avenue	Amount of Each Disbursement this Period 1750.00
	City Louisville State KY Zip Code 40215	
	Purpose of Disbursement Office Management	001
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3131.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr. Wade Hurt	Transaction ID: SB21B.9948 Date of Disbursement 11 / 13 / 2009
	Mailing Address 612 Kathleen Avenue	Amount of Each Disbursement this Period 1750.00
	City Louisville State KY Zip Code 40215	
	Purpose of Disbursement Office Management Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mr. Wade Hurt	Transaction ID: SB21B.9954 Date of Disbursement 12 / 04 / 2009
	Mailing Address 612 Kathleen Avenue	Amount of Each Disbursement this Period 88.84
	City Louisville State KY Zip Code 40215	
	Purpose of Disbursement Reimbursement - GOP Professional event food Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Wade Hurt	Transaction ID: SB21B.11407 Date of Disbursement 12 / 30 / 2009
	Mailing Address 612 Kathleen Avenue	Amount of Each Disbursement this Period -3500.00
	City Louisville State KY Zip Code 40215	
	Purpose of Disbursement Void check #1580 Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-1661.16</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

B. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.9954**

The original vendor information is as follows: 1) \$61.31 on 11/12/09 - Kroger (3165 South 2nd St, Louisville, KY 40208); food/supplies for GOProfessionals event, 2) \$24.36 on 11/12/09 - Kroger (12611 Taylorsville Road, Louisville, KY 40299); food/supplies for GOProfessionals event, 3) \$3.17 on 11/12/09 - Kroger (12611 Taylorsville Road, Louisville, KY 40299); food/supplies for GOProfessionals event

C. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.11407**

Entry to void check #1580 (Wade Hurt) written on 1/8/09, but never cashed.

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 64

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

A.	Full Name (Last, First, Middle Initial) IKON Office Solutions	Transaction ID: SB21B.9918 Date of Disbursement
	Mailing Address 810 Gears Road	<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Houston State TX Zip Code 77067	Amount of Each Disbursement this Period
	Purpose of Disbursement Copier	<input type="text" value="36.02"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IKON Office Solutions	Transaction ID: SB21B.9928 Date of Disbursement
	Mailing Address 810 Gears Road	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Houston State TX Zip Code 77067	Amount of Each Disbursement this Period
	Purpose of Disbursement Copier	<input type="text" value="47.62"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) IKON Office Solutions	Transaction ID: SB21B.9935 Date of Disbursement
	Mailing Address 810 Gears Road	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Houston State TX Zip Code 77067	Amount of Each Disbursement this Period
	Purpose of Disbursement Copier	<input type="text" value="38.62"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="122.26"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 64

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

A.	Full Name (Last, First, Middle Initial) IKON Office Solutions	Transaction ID: SB21B.9940 Date of Disbursement
	Mailing Address 810 Gears Road	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Houston State TX Zip Code 77067	Amount of Each Disbursement this Period
	Purpose of Disbursement Copier	<input type="text" value="24.87"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IKON Office Solutions	Transaction ID: SB21B.9951 Date of Disbursement
	Mailing Address 810 Gears Road	<input type="text" value="12"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Houston State TX Zip Code 77067	Amount of Each Disbursement this Period
	Purpose of Disbursement Copier	<input type="text" value="7.44"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Insight Communications	Transaction ID: SB21B.9910 Date of Disbursement
	Mailing Address 4701 Commerce Crossings Dr.	<input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Louisville State KY Zip Code 40229	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone and Internet	<input type="text" value="130.24"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="162.55"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

A.	Full Name (Last, First, Middle Initial) Insight Communications	Transaction ID: SB21B.9917 Date of Disbursement
	Mailing Address 4701 Commerce Crossings Dr.	<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Louisville State KY Zip Code 40229	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone and Internet	<input type="text" value="130.96"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Insight Communications	Transaction ID: SB21B.9927 Date of Disbursement
	Mailing Address 4701 Commerce Crossings Dr.	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Louisville State KY Zip Code 40229	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone and Internet	<input type="text" value="130.96"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Insight Communications	Transaction ID: SB21B.9939 Date of Disbursement
	Mailing Address 4701 Commerce Crossings Dr.	<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Louisville State KY Zip Code 40229	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone and Internet	<input type="text" value="130.96"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="392.88"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Insight Communications</p> <p>Mailing Address 4701 Commerce Crossings Dr.</p> <p>City Louisville State KY Zip Code 40229</p> <p>Purpose of Disbursement Phone and Internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9944 <b>Date of Disbursement</b> 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 261.65</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ipayment, Inc.</p> <p>Mailing Address PO Box 3429</p> <p>City Thousand Oaks State CA Zip Code 91359</p> <p>Purpose of Disbursement credit card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11182 <b>Date of Disbursement</b> 07 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 37.86</p> <p>003 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ipayment, Inc.</p> <p>Mailing Address PO Box 3429</p> <p>City Thousand Oaks State CA Zip Code 91359</p> <p>Purpose of Disbursement credit card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11184 <b>Date of Disbursement</b> 08 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 36.94</p> <p>003 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

336.45

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

A.	Full Name (Last, First, Middle Initial) lpayment, Inc.	Transaction ID: SB21B.11186
	Mailing Address PO Box 3429	Date of Disbursement 09 / 03 / 2009
	City Thousand Oaks State CA Zip Code 91359	Amount of Each Disbursement this Period 32.58
	Purpose of Disbursement credit card processing fee Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) lpayment, Inc.	Transaction ID: SB21B.11188
	Mailing Address PO Box 3429	Date of Disbursement 10 / 05 / 2009
	City Thousand Oaks State CA Zip Code 91359	Amount of Each Disbursement this Period 29.28
	Purpose of Disbursement credit card processing fee Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) lpayment, Inc.	Transaction ID: SB21B.11190
	Mailing Address PO Box 3429	Date of Disbursement 11 / 03 / 2009
	City Thousand Oaks State CA Zip Code 91359	Amount of Each Disbursement this Period 30.19
	Purpose of Disbursement credit card processing fee Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>92.05</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

A.	Full Name (Last, First, Middle Initial) Ipayment, Inc.	Transaction ID: SB21B.11193 Date of Disbursement																			
	Mailing Address PO Box 3429	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	9												
	City Thousand Oaks State CA Zip Code 91359	Amount of Each Disbursement this Period																			
	Purpose of Disbursement credit card processing fee Candidate Name	<table border="1"><tr><td>28.17</td></tr></table>	28.17																		
28.17																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		003 Category/ Type																			

B.	Full Name (Last, First, Middle Initial) Ipayment, Inc.	Transaction ID: SB21B.11405 Date of Disbursement																			
	Mailing Address PO Box 3429	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	9												
	City Thousand Oaks State CA Zip Code 91359	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 7/1/09 - 12/31/09 credit card processing fees Candidate Name	<table border="1"><tr><td>63.78</td></tr></table>	63.78																		
63.78																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Category/ Type																			

C.	Full Name (Last, First, Middle Initial) Kentucky State Fair Board	Transaction ID: SB21B.9906 Date of Disbursement																			
	Mailing Address P.O. Box 37130	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	4		2	0	0	9												
	City Louisville State KY Zip Code 40233	Amount of Each Disbursement this Period																			
	Purpose of Disbursement State Fair Booth Candidate Name	<table border="1"><tr><td>425.00</td></tr></table>	425.00																		
425.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		004 Category/ Type																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>516.95</td></tr></table>	516.95
516.95		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ms Ellen L. Reitmeyer</p> <p>Mailing Address 1122 Powerhouse Lane Unit 204</p> <p>City Louisville State KY Zip Code 40242</p> <p>Purpose of Disbursement Reimbursement - picnic / rental depo</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9912</p> <p>Date of Disbursement 07 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2157.11</p> <p>Category/Type 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ms Ellen L. Reitmeyer</p> <p>Mailing Address 1122 Powerhouse Lane Unit 204</p> <p>City Louisville State KY Zip Code 40242</p> <p>Purpose of Disbursement Reimbursement - RBA &amp; Fair</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9937</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 942.22</p> <p>Category/Type 004</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ms Ellen L. Reitmeyer</p> <p>Mailing Address 1122 Powerhouse Lane Unit 204</p> <p>City Louisville State KY Zip Code 40242</p> <p>Purpose of Disbursement Reimbursement - stamps &amp; marketing material</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.9943</p> <p>Date of Disbursement 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 973.51</p> <p>Category/Type 001</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4072.84

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

A. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.9912**

The original vendor information is as follows: 1) \$1,465 on 7/2/09 - The Rental Depot Inc (4271 Produce Road, Louisville, KY 40218); Rental supplies for annual picnic, 2) \$575.51 on 7/10/09 - The Rental Depot Inc (4271 Produce Road, Louisville, KY 40218); Rental supplies for annual picnic, 3) \$116.60 on 7/13/09 - The Rental Depot Inc (4271 Produce Road, Louisville, KY 40218); Rental supplies for annual picnic

B. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.9937**

The original vendor information is as follows: 1) \$84.80 on 8/13/09 - A.G. Exhibitions, Inc (4750 Crittenden Dr # E, Louisville, KY 40209); table & chair rentals for fair, 2) \$857.42 on 8/5/09 - Vincenzo's (150 South 5th Street, Louisville, KY 40202); food for RBA event

C. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.9943**

The original vendor information is as follows: 1) \$7.92 on 10/22/09 - USPS (St Matthews Branch, 4600 Shelbyville Road, Louisville, KY 40207); stamps, 2) \$44 on 9/1/09 - USPS (Galleria Postal Store, Louisville, KY 40270); stamps, 3) \$528 on 10/16/09 - USPS (Louisville AMF Station, Louisville, KY 402-21); stamps, 4) \$393.59 on 8/18/09 - Stouse Inc (300 New Century Parkway, New Century, KS 66031); bumper stickers for local party

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Ms Ellen L. Reitmeyer	Transaction ID: SB21B.9955 Date of Disbursement MM / DD / YYYY 12 / 04 / 2009	
	Mailing Address 1122 Powerhouse Lane Unit 204	
City Louisville      State KY      Zip Code 40242	Amount of Each Disbursement this Period 693.47	
Purpose of Disbursement Reimbursement - RBA, GoProfessional, pizza Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Southwest Festival	Transaction ID: SB21B.9934 Date of Disbursement MM / DD / YYYY 09 / 28 / 2009	
	Mailing Address 1120 Franelm Road	
City Louisville      State KY      Zip Code 40214	Amount of Each Disbursement this Period 160.00	
Purpose of Disbursement Booth Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

853.47

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

23069.77

A. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.9955**

The original vendor information is as follows: 1) \$22.77 on 10/17/09 - Papa John's (411 South 2nd St, Louisville, KY 40202); pizza for volunteers, 2) \$71.82 on 11/11/09 - Kroger (Woodlawn Center, 291 N. Hubbards Lane, Louisville, KY 40207); food for GoProfessional event, 3) \$598.88 on 11/9/09 - Vincenzo's (150 South Fifth St, Louisville, KY 40202); food for RBA event

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 63 / 64	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LOUISVILLE & JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE			Nature of Debt (Purpose): Transfer 'Robin Engle for Council' funds from federal to state account
Mailing Address PO BOX 24843			
City LOUISVILLE	State KY	ZIP Code 40224	

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10.10591</b>	
5500.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5500.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	5500.00
2) <b>TOTALS</b> This Period (last page this line number only).....	5500.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	5500.00

A. Form/Schedule : **SD10**  
Transaction ID : **SD10.10591**

This loan relates to funds from the 'Robin Engle for Council' campaign that were inadvertently deposited into the federal account on 11/4/08. This oversight was identified and included in the amended FEC filing for the '30 Day Post General' reporting period (reference FEC-484188). However, since our former Treasurer used separate .DCf files for previous filings, the corrections included in FEC-4841-88 did not automatically amend this report. Therefore, a 12/1/08 date was used on this report to reflect this loan obligation so our financial report totals would be accurate (Note: the reporting software would not allow a date of 11/4/08 to be entered on this report.). It should be noted that all subsequent reports were made using this .DCf file and, therefore, no other adjustments will be required related to Loans and Other Obligations.