

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Ron Leach for Congress Campaign Committee

ADDRESS (number and street) P.O. Box 647

(Check if address is changed)

Brandenburg KY 40108
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

terri_gail@yahoo.com

Optional Second E-Mail Address
lyayly@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.RonLeach4KY.com

2. DATE 07 / 30 / 2014

3. FEC IDENTIFICATION NUMBER C C00543538

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Ms Theresa Drake

Signature of Treasurer Ms Theresa Drake [Electronically Filed] Date 07 / 31 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate **RONALD ALLEN LEACH**

Candidate Party Affiliation DEM Office Sought: House Senate President State KY District 02

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

Write or Type Committee Name

Ron Leach for Congress Campaign Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Mrs. Lynora May Crawford

Mailing Address 170 Holston Ln.

Brandenburg KY 40108

Title or Position CITY STATE ZIP CODE

Campaign Manager Telephone number 270 312 3379

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Ms Theresa Drake

Mailing Address P.O. Box 443

Vine Grove KY 40175

Title or Position Treasurer Telephone number 270 300 0000

Full Name of Designated Agent

[Grid line]

Mailing Address

[Grid line]

[Grid line]

[Grid line]

CITY

STATE

ZIP CODE

Title or Position

[Grid line]

Telephone number

[Grid line]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Cecilian Bank

[Grid line]

Mailing Address

104 E. Main St

[Grid line]

Cecilia KY 42724

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid line]

Mailing Address

[Grid line]

[Grid line]

[Grid line]

CITY

STATE

ZIP CODE