

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

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Office Use Only

FEC MAIL CENTER
12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

BLUEGRASS RURAL

ADDRESS (number and street)

P.O. BOX 113

Check if different than previously reported. (ACC)

MELBER

KY 42069

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00567172

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

11 04 2014

in the State of

KY

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

10 01 2014

through

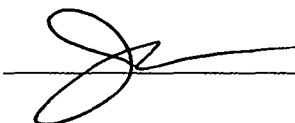
10 15 2014

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

JEANIE Embry

Signature of Treasurer



Date

10 20 2014

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BLUEGRASS RURAL

Report Covering the Period: From:

10 01 2014

To:

10 15 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014	1,326.35	1,326.35
(b) Cash on Hand at Beginning of Reporting Period.....	1,326.35	
(c) Total Receipts (from Line 19).....	3,100.00	11,955.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4,426.35	13,281.35
7. Total Disbursements (from Line 31).....	3,796.20	8,456.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	630.15	4,824.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Bluegrass Rural

Report Covering the Period: From:

10 01 2014

To:

10 15 2014

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).....	<i>2,750.00</i>	<i>10,250.00</i>
(ii) Unitemized.....	<i>350.00</i>	<i>1,705.00</i>
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	<i>3,100.00</i>	<i>11,955.00</i>
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	<i>3,100.00</i>	<i>11,955.00</i>
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	<i>0</i>	<i>0</i>
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..	<i>0</i>	<i>0</i>
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	<i>3,100.00</i>	<i>11,955.00</i>
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	<i>3,100.00</i>	<i>11,955.00</i>

FROM: 10/01/2014

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	1195	18535
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1195	18535
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E)	3784.25	815300
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	11850
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3,796.20	8,456.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3,796.20	8,456.85

FROM FORM 128800

**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 1 OF 1	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)
BLUEGRASS RURAL

A. Full Name (Last, First, Middle Initial)
ROSWEIL MARJORIE

Mailing Address
3443 GUILFORD TERRACE

City **BALTIMORE** State **MD** Zip Code **21218**

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

Name of Employer **ROSWEIL INFOGRAPHICS** Occupation **OWNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5,000.00

Date of Receipt
10/14/2014

Amount of Each Receipt this Period
2,500.00

B. Full Name (Last, First, Middle Initial)
MARSHALL Co. DEMOCRATIC WOMAN'S CLUB

Mailing Address
3705 MAYFIELD HWY

City **BENTON** State **KY** Zip Code **42025**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10/03/2014

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
TOTAL This Period (last page this line number only).....▶	2750.00

FORM 1001-1004

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 7
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER C00567172																				
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:10px">M</td><td style="width:10px">M</td><td style="width:10px">/</td> <td style="width:10px">D</td><td style="width:10px">D</td><td style="width:10px">/</td> <td style="width:10px">Y</td><td style="width:10px">Y</td><td style="width:10px">Y</td><td style="width:10px">Y</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y												

Full Name of Payee
MLB RESEARCH ASSOCIATES

Date of Public Distribution/Dissemination
10 / 15 / 2014

Mailing Address
54 STAGE Rd.

Amount
262.75

City State Zip Code
Williamsburg MA 01096

Date of Disbursement or Obligation
10 / 15 / 2014

Purpose of Expenditure
VETERANS FLYER

Category/Type
006

Name of Federal Candidate
Mitch McCONNELL

Support
 Oppose

Office Sought: House District: _____
 President Senate State: **KY**

Calendar Year-To-Date Per Election for Office Sought
463150

Disbursement For: Primary General
 Other (specify) ▶ _____

Full Name of Payee

Date of Public Distribution/Dissemination

Mailing Address

Amount

City State Zip Code

Date of Disbursement or Obligation

Purpose of Expenditure

Category/Type

Date of Disbursement or Obligation

Name of Federal Candidate

Support
 Oppose

Office Sought: House District: _____
 President Senate State: _____

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General
 Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	262.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	262.75

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date **10 / 20 / 2014**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 7
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER ▼ C00567172
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Good Neighbor
Mailing Address 3042A Lone Oak Rd.
City State Zip Code Paducah Ky 42003
Purpose of Expenditure display ad
Name of Federal Candidate Mitch McConnell
Calendar Year-To-Date Per Election for Office Sought


Date of Public Distribution/Dissemination 10/12/2014
Amount 253.50
Date of Disbursement or Obligation 10/17/2014
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: Ky
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CADIZ RECORD
Mailing Address P.O. Box 1670
City State Zip Code Cadiz Ky 42211
Purpose of Expenditure display ad
Name of Federal Candidate Mitch McConnell
Calendar Year-To-Date Per Election for Office Sought

Date of Public Distribution/Dissemination 10/15/2014
Amount 200.00
Date of Disbursement or Obligation 10/14/2014
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: Ky
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	453.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	453.50

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature 

Date **10/20/2014**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 OF 7
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER C00567172
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	MM / DD / YYYY

Full Name of Payee
WSON

Date of Public Distribution/Dissemination
10 / 06 / 2014

Mailing Address
230 2nd St. Ste 104

Amount
357.00

City State Zip Code
HENDERSON Ky 42420

Date of Disbursement or Obligation
09 / 30 / 2014

Purpose of Expenditure Category/Type
Radio Ads 004

Name of Federal Candidate Support Oppose
Mitch McConnell

Office Sought: House District: President Senate State: **Ky**

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General Other (specify)

Full Name of Payee
WAVS

Date of Public Distribution/Dissemination
10 / 06 / 2014

Mailing Address
108 WEST MAIN ST.

Amount
300.00

City State Zip Code
PRINCETON Ky 42445

Date of Disbursement or Obligation
09 / 30 / 2014

Purpose of Expenditure Category/Type
Radio Ads 004

Name of Federal Candidate Support Oppose
Mitch McConnell

Office Sought: House District: President Senate State: **Ky**

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	657.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	657.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date **10 / 20 / 2014**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER 000567172																				
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:10px">M</td><td style="width:10px">M</td><td style="width:10px">/</td> <td style="width:10px">D</td><td style="width:10px">D</td><td style="width:10px">/</td> <td style="width:10px">Y</td><td style="width:10px">Y</td><td style="width:10px">Y</td><td style="width:10px">Y</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y												

Full Name of Payee WFKN	Date of Public Distribution/Dissemination 10 / 06 / 2014
Mailing Address 103 N. High St.	Amount 36000
City Franklin State Ky Zip Code 42134	Date of Disbursement or Obligation 09 / 30 / 2014
Purpose of Expenditure Radio Ads Category/Type 004	Name of Federal Candidate Mitch McConnell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: Ky
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Bristol Broadcasting	Date of Public Distribution/Dissemination 10 / 06 / 2014
Mailing Address 6000 WKYX/WKYQ Rd.	Amount 52000
City Paducah State Ky Zip Code 42003	Date of Disbursement or Obligation 09 / 30 / 2014
Purpose of Expenditure Radio Ads Category/Type 004	Name of Federal Candidate Mitch McConnell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: Ky
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	88000
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	88000

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Date **10 / 20 / 2014**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER 000567172
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee WCBL	Date of Public Distribution/Dissemination 10/06/2014
Mailing Address Hwy 408 E.	Amount 18000
City BENTON State Ky Zip Code 42025	Date of Disbursement or Obligation 09/30/2014
Purpose of Expenditure Radio Ads Category/Type 004	Name of Federal Candidate Mitch McConnell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: Ky <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FOREVER COMMUNICATIONS	Date of Public Distribution/Dissemination 10/06/2014
Mailing Address 1500 Diuguid Dr.	Amount 55000
City MURRAY State Ky Zip Code 42071	Date of Disbursement or Obligation 09/30/2014
Purpose of Expenditure Radio Ads Category/Type 004	Name of Federal Candidate Mitch McConnell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: Ky <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	73000
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	73000

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date **10/20/2014**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 6 OF 7
FOR LINE 24 OF FORM 3X

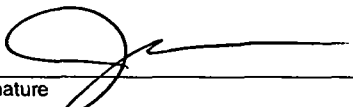
NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER ▼ C00567172
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee WXBC	Date of Public Distribution/Dissemination 10 / 06 / 2014
Mailing Address 110 South Main St.	Amount 291.00
City Hardinburg Ky State Ky Zip Code 40143	Date of Disbursement or Obligation 09 / 30 / 2014
Purpose of Expenditure Radio Ads	Category/Type 004
Name of Federal Candidate Mitch McConnell	Office Sought: <input type="checkbox"/> House District: Ky <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee WCCK	Date of Public Distribution/Dissemination 10 / 06 / 2014
Mailing Address 2 ASPEN ST.	Amount 310.00
City Colvert City Ky State Ky Zip Code 42029	Date of Disbursement or Obligation 09 / 30 / 2014
Purpose of Expenditure Radio Ads	Category/Type 004
Name of Federal Candidate Mitch McConnell	Office Sought: <input type="checkbox"/> House District: Ky <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	601.00
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	601.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature  Date **10 / 20 / 2014**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 7 OF 7
FOR LINE 24 OF FORM 3X

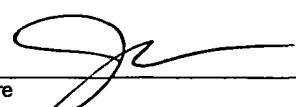
NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER C00567172
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee CADIZ RECORD	Date of Public Distribution/Dissemination 10 / 08 / 2014
Mailing Address P.O. Box 1670	Amount 20000
City CADIZ State KY Zip Code 42211	Date of Disbursement or Obligation 10 / 02 / 2014
Purpose of Expenditure display ad Category/Type 004	Name of Federal Candidate MITCH MCCONNELL <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 8,153.00	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: KY <input type="checkbox"/> President <input checked="" type="checkbox"/> General State: KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure Category/Type	Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> <input type="checkbox"/> President <input type="checkbox"/> General State: <input type="checkbox"/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	20000
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	20000

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature  Date **10 / 28 / 2014**

NON-UNION

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Bluegrass Kumaic PO Box 113 Mulbin, Ky 42069

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COO service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery. Delivery Options: No Saturday Delivery (delivered next business day) Sunday/Holiday Delivery Required (additional fee, where available) 10:30 AM Delivery Required (additional fee, where available) *Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT) PHONE () 1241400 Bluegrass Commission 9999 E Street N.W. Washington, DC 20463 ZIP +4® (U.S. ADDRESSES ONLY)

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811. \$100.00 Insurance Included.

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ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	Delivery Attempt (MMDDYY)	Time
PO ZIP Code	Scheduled Delivery Date (MMDDYY)	Delivery Attempt (MMDDYY)	Time
42001	10/20/14		
Date Accepted (MMDDYY)	Scheduled Delivery Time	Weight	lbs. ozs.
10/20/14	<input type="checkbox"/> 10:30 AM <input checked="" type="checkbox"/> 12 NOON <input type="checkbox"/> 10:30 AM Delivery Fee	1.94	
Time Accepted	Insurance Fee	Flat Rate	
	\$	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Postage	Return Receipt Fee	Sunday/Holiday Premium Fee	
\$ 19.99	\$	\$	
Copy Fee	Total Postage & Fees	Acceptance Employee Initials	
\$	\$ 19.99		
Link/Animal Transports (per Fee)	Employee Signature	Employee Signature	
\$			

LABEL 11-B, JANUARY 2014 PSN 7890-02-000-3888 3-ADDRESSEE COPY

