## STATEMENT OF

RECEIVED

FORM 1		ORGANI	ZATI	NC	2.	1-9 af 1alice		
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		ımple:If typing, type r the lines.	12FE4M		Guly L. IX	
UNITED S	TATE	S SENATE C	AMP	AIGN FUND	FOR K	ENTU	ÇĶY	
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ADDRESS (number a	nd street)	PO BOX 68	1337					
(Check if a								لــــا
is changed	•	MIAMI	1111	لىسىسا	FL	3316	8	لب
			CITY		STATE	Z	IP CODE	
_		ss (Please provide only or USsenateC		<sub>Idress)</sub> ignFundPA(	Çs@gm	ail.con	<b>n</b> , , , ,	1
(Check if is change								
COMMITTEE'S WEE	PAGE ADI	DRESS (URL)						
(Check if	address				1 1 1 1 1		1111	لب
is change	d)		<u> </u>			1111		لـــــا
2. DATE 10	)" ′ 4	°′ 2012  `						
3. FEC IDENTIFIC	CATION N	JMBER C						
4. IS THIS STATE	MENT 🗵	NEW (N) OF		AMENDED (A)				
I certify that I have	examined th	is Statement and to the	best of my	knowledge and belief in	t is true, corre	ct and comp	lete.	
Type or Print Name	of Treasure	STANLEY	GATE	S				
Signature of Treasur	er	Stanley Ga	tes .		Date 10	" 04	<sup>₽</sup> ′ Ž0'1	Ž Ť
NOTE: Submission of		nous, or incomplished information and CHANGE IN INFORM	•			•	es of 2 U.S.C.	§437g.
Office Use Only				For further Information of Federal Election Commission Toll Free 800-424-9530		_	FORM 1 sed 02/2009)	

FEC For	m 1 (Revised 02/2009)	Page 2			
TYPE OF CO					
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. (Cominformation below.)	plete the candidate			
Name of Candidate					
Candidale Party Affiliation	on Office Sought: House Senate President	State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
Name of Candidate					
Party Com	(National, State	(Democratic, Republican, etc.) Party.			
Political A	ction Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:			
٠٠ ـــ	Corporation Corporation w/o Capital Stock	Labor Organization			
	Membership Organization Trade Association	Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.	Cooperation			
(1)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se	egregated fund or party			
	committee. (i.e., nonconnected committee)	, ,			
	In addition, this committee is a Lobbyist/Registoant PAC.				
	In addition, this committee is a Leadership PAC. (Identify spansor on line 6.)				
Joint Fund	ralsing Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political			
Com	mittees Participating in Joint Fundraiser				
1.					
2.					
3.	FEC ID number C				
4					

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<b>Page</b>	-

FEC FUIII 1 (Hevised	1 02/2009)		raye 3
Write or Type Committee Nar			
UNITED STATI	ES SENATE CAMPAI	GN FUND FO	R KENTUCKY
6. Name of Any Connected	Organization, Artitrated Committee, Joh	nt Fundraising Represent	ative, or Leadership PAC Sponsor
NONEIII			1
Mailing Address			
-			
	СПҮ	STA	TE ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee	Joint Fundraising Repre	sentative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Id books and records.</li> </ol>	lentify by name, address (phone number -	optional) and position of	the person in possession of committee
Full Name	NLEY GATES	<u> </u>	<u> </u>
Mailing Address	P. O. BOX 681337		
		<del></del>	
	MIAMI	ı [FI	. 33168
Title or Position	СПУ	STAT	E ZIP CODE
LEGISLATIVE [	DIRECTOR	Telephone number	305   761   0002
8. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of , assistant treasurer).	the treasurer of the comm	nittee; and the name and address of
Full Name of Treasurer	NLEY GATES	<del></del>	
Mailing Address	P. O. BOX 681337		
		<u> </u>	
	MIAMI	<u></u>	- 33168
Title or Position	CITY	STATI	
TREASURER		Telephone number	305, _ 761, _ 0002

	levised 02/2009)		Page 4
			····
Full Name of Designated Agent		<u> </u>	
Mailing Address			
	СПУ	STATE	ZIP CODE
Title or Position			
	Telephone	number	
	sitories: List all banks or other depositories in which the con r maintains funds.	nmittee deposits	funds, holds accounts, rents
Salety deposit boxes of			
Name of Bank, Deposi			
Name of Bank, Deposi	itory, etc.		
Name of Bank, Deposi	itory, etc.		
Name of Bank, Deposi	itory, etc.		
Name of Bank, Deposi	itory, etc.		
Name of Bank, Deposi	itory, etc.		[33161, , ] _ [ , , , , ]
Name of Bank, Deposi	TIBANK  10800 BISCAYNE BLVD,	FL	33161,   _   _   _   _   _   _   _   _   _
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMM The FEC added this page to the end of this filing to indice	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Co	nfirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busi	ness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
W	10/9/12
(3/2005)	DATE PREPARED