12/29/2009 09:57 Image# 29935608799

STATEMENT OF

FORM 1	ORGANIZ (See instruct			Office use only
NAME OF COMMITTEE (in to the community of the commun	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	The decision
CHURCHILL D	OWNS INCORPORATED FPAC			
		NIIF		
ADDRESS (number and s	street)			
(Check if address is changed)	LOUISVILLE			40208
		CITY▲	STATE ▲	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)	Omar.Amin@kydei	by.com		
is unungea)				
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address		11111111	<u> </u>	
is changed)			<u> </u>	
2. DATE M M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER	C C00331942		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my k	nowledge and belief it is true, corre	ect and complete	
Type or Print Name of	Treasurer Omar Amin			
Signature of Treasurer	Electronically Filed by Omar An	min	Date 12 ^M	23 / 2009
NOTE: Submission of fal	se, erroneous, or incomplete information n	nay subject the person signing this	•	
Office Use Only		For further informat Federal Election Con Toll Free 800-424-95	nmission	FEC FORM 1 (Revised 02/2009)

	F	EC F	Form 1 (Revised 02/2009)	Page 2
5.			OMMITTEE (Check One) 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 t information below.)	he candidate
	Name Candid			
	Candid Party /	date Affiliati	Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Party	Comn		
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politic	cal Act	tion Committee (PAC):	
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:	
			X Corporation Corporation w/o Capital Stock La	bor Organization
			Membership Organization Trade Association C	ooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
_	Joint F	undra	alsing Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r 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.	r more political
			1. FEC ID number	
			2. FEC ID number	
			3. FEC ID number	
			EEC ID number C	

Treasurer

W	FEC Form 1 (Revised 0	2/2009)		Page 3	
	rite or Type Committee Name CHURCHILL DOWNS IN	ICORPORATED EPAC			
	OHOHOHILL DOWNS II	IOON ONATED IT AO			
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising	Representative, or Leade	rship PAC Sponsor	
	Churchill Downs, Inc.				
L					
	Mailing Address	700 Central Avenue			
		Louisville	KY]	40208 _ [
		CITY	STATE 🛕	ZIP CODE	
	Relationship: X Connected Organization	Affiliated Committee Joint Fundr	aising Representative	Leadership PAC Sponsor	
	Full Name Mailing Address	ar Amin 700 Central Avenue			
		Louisville	<u>KY</u>	40208 _	
	Title or Position ▼	CITY A	STATE A	40208 ZIP CODE &	
8.	Treasurer: List the name	CITY A	STATE &	ZIP CODE 4	
8.	Treasurer: List the name	CITY A Tele and address (phone number optional) of the y designated agent (e.g., assistant treasurer).	STATE &	ZIP CODE 4	
8.	Treasurer: List the name name and address of any	CITY A Tele and address (phone number optional) of the y designated agent (e.g., assistant treasurer).	STATE &	ZIP CODE 4	
8.	Treasurer: List the name name and address of any Full Name of TreasurerOmar_	CITY A Tele and address (phone number optional) of the y designated agent (e.g., assistant treasurer). Amin	STATE &	ZIP CODE 4	

502

Telephone number

638

3920

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Full Name of Designated Agent	Omar Amin		
Mailing Address	700 Central Avenue		
	Louisville	<u>KY</u>	40208 –
Title or Position ▼	CITY A	STATE A	ZIP CODE A
Treasure	er Tel	ephone number	_ 638 3920
Name of Bank, Depository		1 1 1 1 1 1 1 1	
Mailing Address			
	Louisville	KY	40202 _
	CITY 🗖	STATE. △	ZIP CODE 🛕
Name of Bank, Depository	, etc.		
Mailing Address			
	CITY 🔼	STATE △	ZIP CODE 🛕