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2012 NOV 13 PM 12: 24

FEC MAIL CENTER

Committee Name:

KENTUCKY REPUBLICAN TRUST FUND

If registered, FEC ID:

Today's Date:

11/08/2012

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

JERRY MCKENDY

, Treasurer

FEC

STATEMENT OF

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FORM 1	i.	UNGANIZ	AIN	JI N	FE	C MAIL CEI	VIER	
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type r the lines.	12FE4M5			
KENTUCK	YRE	PUBLICAN TR	UŞT	FUND		<u> </u>		ل
ADDRESS (number a	nd street)	P. O. BOX 39	871	<u> </u>				
(Check if as is changed)		MIAMI BEAC	H		;FL;	33239	<u></u>	
			CITY		STATE	ZIP CO	DDE	
COMMITTEE'S E-MA	address	SS (Please provide only one USrepublicar		dress) stFund@gm	ail.com			
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)						
(Check if is change			111			11111	1111	
2. DATE 11	8 ' 8	°′ Ž011Ž						
3. FEC IDENTIFIC	CATION NU	JMBER C						
4. IS THIS STATE	MENT 🔀	NEW (N) OR		AMENDED (A)				
I certify that I have o	examined th	is Statement and to the be	-	· ·	is true, correc	t and complete.		
Type or Print Name Signature of Treasure		Jeny MCK			Date 11	° ′ Ö8° ′	Ž0'1Ž	Y
NOTE: Submission of	•	ous, or incomplete information	•			•	2 U.S.C. §43	7g.
Office Use				For further Information of Federal Election Commission Toll Free 800-424-9530		FEC FO		_

F	EC Fo	m 1 (Revised 02/2009)	Page 2				
		OMMITTEE					
Can	didate	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 Cand							
Cand Party	idate Affiliati	Office Sought: House Senate President	State				
(c)	П	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District				
Name Cand							
Part	v Con	nmittee:					
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:				
		Corporation Corporation w/o Capital Stock	Labor Organization				
			Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	\boxtimes	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	segregated 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 Fundraising Representative:							
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 toommittees/organizations, none of which is an authorized committee of a federal candidate.	two or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.	C In the second					
	2.	FEC 1D number C					
	3.	FEC ID number C	•				
	4.						

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TREASURER

Page 3 FEC Form 1 (Revised 02/2009) Write or Type Committee Name KENTUCKY REPUBLICAN TRUST FUND Name of Arty Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor Mailing Address STATE ZIP CODE CITY Affiliated Committee Joint Fundraising Representative eadership PAC Sponsor Connected Organization Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. Full Name Mailing Address MIAMI BEACH Title or Position CITY STATE ZIP CODE Telephone number 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 . BOX 398716 Mailing Address AMI BEACH CITY Title or Position

Telephone number

FEC Form 1 (Re	evised 02/2009)	·	Page 4
Full Name of Designated Agent Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
	telephone n	number [
Banks or Other Depos safety deposit boxes or	sitories: List all banks or other depositories in which the comm maintains funds.	nittee deposits	iunas, noias accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc. ASE BANK	nittee deposits	Lunos, notos accounts, rents
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indic	
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	onfirmation™ 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
PY	11/30/2012
(3/2005)	DATE PREPARED