

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2015 AUG -3 AM 11:43

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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 ▲

C00567172

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 M M / D D / Y Y Y Y in the State of

(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

01 01 2015

through

06 30 2015

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

[Handwritten Signature]

Date

07 30 2015

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							
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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: ^{M M / D D / Y Y Y Y} 01 01 2015 To: ^{M M / D D / Y Y Y Y} 06 30 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^{Y Y Y Y} 2015		234.63
(b) Cash on Hand at Beginning of Reporting Period.....	234.63	
(c) Total Receipts (from Line 19).....	3,615.00	3,615.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3,849.63	3,849.63
7. Total Disbursements (from Line 31).....	3,734.63	3,734.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	115.00	115.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	0
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	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:

01 01 2015

To:

06 30 2015

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).....	1,700.00	1,700.00
(ii) Unitemized.....	1,415.00	1,415.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....	500.00	500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	3,615.00	3,615.00
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).....		
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))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3,615.00	3,615.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3,615.00	3,615.00

1-800-400-0000

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	1,816.19	1,816.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1,816.19	1,816.19
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E)	1,661.39	1,661.39
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)).....		
29. Other Disbursements	257.05	257.05
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)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3,734.63	3,734.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3,734.63	3,734.63

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3,615.00	3,615.00
34. Total Contribution Refunds (from Line 28(d))	,	,
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3,615.00	3,615.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1,816.19	1,816.19
37. Offsets to Operating Expenditures (from Line 15, page 3)	,	,
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1,816.19	1,816.19

NON-PROFIT CORPORATION

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	OF 2
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MARJORIE ROSWELL		Date of Receipt M M / D D / Y Y Y Y 03 03 2015
Mailing Address 3443 Guilford Terrace		Amount of Each Receipt this Period 1,200.00
City Baltimore	State Zip Code MD 21218	
FEC ID number of contributing federal political committee. C		
Name of Employer ROSWELL INFOGRAPHICS	Occupation OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ NON-ELECTION	Aggregate Year-to-Date ▼ 1,200.00	

Full Name (Last, First, Middle Initial) B. HELEN POLLARD		Date of Receipt M M / D D / Y Y Y Y 02 27 2015
Mailing Address 343 Huntington Rd.		Amount of Each Receipt this Period 500.00
City Worthington	State Zip Code MA 01098	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ NON-ELECTION	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	1,700.00
TOTAL This Period (last page this line number only).....▶	

NON-ELECTION

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 2
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
BLUEGRASS RURAL

A. Full Name (Last, First, Middle Initial)
KENTUCKY FORWARD PAC

Mailing Address
105 Driftwood Lane

City **Frankfort** State **Ky** Zip Code **40601**

FEC ID number of contributing federal political committee. **C00417717**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) **NON-ELECTION**

Aggregate Year-to-Date **, 500.00**

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

Amount of Each Receipt this Period
, 500.00

B. 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

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)..... **500.00**

TOTAL This Period (last page this line number only)..... **2,200.00**

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Music Lab

Mailing Address
450 Lutes Rd

City Paducah Ky State Zip Code 42001

Purpose of Disbursement
Studio time for Radio ad

Candidate Name
Andy BARR

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) NON-ELECTION

State: Ky District: 06

Date of Disbursement

03 / 02 / 2015

Amount of Each Disbursement this Period

4.500

B. EARshot Audio Post, LLC

Mailing Address
6311 Westfield Blvd. STE 300

City Indianapolis IN State Zip Code 46220

Purpose of Disbursement
Edit + mix Radio ad

Candidate Name
Andy BARR

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) NON-ELECTION

State: Ky District: 06

Date of Disbursement

03 / 03 / 2015

Amount of Each Disbursement this Period

349.50

C. MLB RESEARCH ASSC.

Mailing Address
54 Stage Rd.

City Williamsburg MA State Zip Code 01096

Purpose of Disbursement
Radio ad script, Ag+food, + ENERGY FLYERS

Candidate Name
Andy BARR

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) NON-ELECTION

State: Ky District: 06

Date of Disbursement

03 / 19 / 2015

Amount of Each Disbursement this Period

800.00

SUBTOTAL of Disbursements This Page (optional).....▶

1194.50

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUEGRASS RURAL

A. Full Name (Last, First, Middle Initial) MLB RESEARCH ASSC.		Date of Disbursement MM/DD/YYYY 03/11/2015
Mailing Address 54 Stage Rd.		Amount of Each Disbursement this Period , 321.69
City Williamsburg	State MA	
Zip Code 01096		
Purpose of Disbursement NSA FLYER	Category/Type 006	
Candidate Name Andy BARR		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) NON-ELECTION	
State: Ky	District: 06	

B. Full Name (Last, First, Middle Initial) MLB RESEARCH ASSC.		Date of Disbursement MM/DD/YYYY 05/01/2015
Mailing Address 54 Stage Rd.		Amount of Each Disbursement this Period , 300.00
City Williamsburg	State MA	
Zip Code 01096		
Purpose of Disbursement INVERSIONS FLYER	Category/Type 006	
Candidate Name Andy BARR		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) NON-ELECTION	
State: Ky	District: 06	

C. Full Name (Last, First, Middle Initial)		Date of Disbursement MM/DD/YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶ **, 621.69**

TOTAL This Period (last page this line number only).....▶ **, 1,816.19**

**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 Kentucky Press Association	Date of Public Distribution/Dissemination 04 01 2015
Mailing Address 101 CONSUMER LANE	Amount 80.32
City State Zip Code Frankfort Ky 40601	Date of Disbursement or Obligation 03 30 2015
Purpose of Expenditure display ad	Category/Type 004
Name of Federal Candidate Andy Barr	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 80.32	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: Ky
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) NON-ELECTION

Full Name of Payee Kentucky News Group	Date of Public Distribution/Dissemination 04 01 2015
Mailing Address P.O. Box 272	Amount 572.50
City State Zip Code Carlisle Ky 40311	Date of Disbursement or Obligation 03 30 2015
Purpose of Expenditure display ads	Category/Type 004
Name of Federal Candidate Andy Barr	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 652.82	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: Ky
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) NON-ELECTION

(a) SUBTOTAL of Itemized Independent Expenditures.....	652.82
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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 **07 30 2015**

2015-03-30 10:00:00 AM

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

PAGE 2 OF 4
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER 00567172
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 the Carlisle Courier	Date of Public Distribution/Dissemination 04/01/2015
Mailing Address P.O. Box 206	Amount 161.50
City State Zip Code Carlisle Ky 40311-0206	Date of Disbursement or Obligation 03/30/2015
Purpose of Expenditure display Ad	Category/Type 004
Name of Federal Candidate Andy Barr	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: Ky
Calendar Year-To-Date Per Election for Office Sought 814.32	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) NON-ELECTION

Full Name of Payee Kentucky Press Association	Date of Public Distribution/Dissemination 04/08/2015
Mailing Address 101 Consumer Lane	Amount 80.32
City State Zip Code Frankfort Ky 40601	Date of Disbursement or Obligation 03/30/2015
Purpose of Expenditure display Ad	Category/Type 004
Name of Federal Candidate Andy Barr	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: Ky
Calendar Year-To-Date Per Election for Office Sought 894.64	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) NON-ELECTION

(a) SUBTOTAL of Itemized Independent Expenditures.....	241.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	

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 **07/30/2015**

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

PAGE 3 OF 4
FOR LINE 24 OF FORM 3X

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 M M / D D / Y Y Y Y	

Full Name of Payee iHeart Media	Date of Public Distribution/Dissemination 05' 25' 2015
Mailing Address 2601 Nicholasville Rd	Amount 212.50
City State Zip Code Lexington Ky 40503-3307	Date of Disbursement or Obligation 05' 19' 2015
Purpose of Expenditure Radio ad	Category/Type 004
Name of Federal Candidate Andy BARR	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought 1.1 07.14	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ NON-ELECTION

Full Name of Payee LM Communications	Date of Public Distribution/Dissemination 05' 25' 2015
Mailing Address 401 W. MAIN ST. #301	Amount 300.00
City State Zip Code Lexington Ky 40507	Date of Disbursement or Obligation 05' 19' 2015
Purpose of Expenditure Radio ad	Category/Type 004
Name of Federal Candidate Andy BARR	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought 1.4 07.14	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ NON-ELECTION

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	512.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 **07' 30' 2015**

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

PAGE 4 OF 4
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER ▼ 000567172
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee WSKV Radio		Date of Public Distribution/Dissemination 05' 25' 2015	
Mailing Address P.O. Box 610		Amount 127.50	
City Stanton	State Ky	Zip Code 40380	Date of Disbursement or Obligation 05' 19' 2015
Purpose of Expenditure Radio Ad		Category/Type 004	
Name of Federal Candidate Andy BARR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought 1,534.64		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ NON-Election	

Full Name of Payee The Good Neighbor		Date of Public Distribution/Dissemination 04' 12' 2015	
Mailing Address 3042 A Lone Oak Rd.		Amount 126.75	
City Paducah	State Ky	Zip Code 42003	Date of Disbursement or Obligation 04' 30' 2015
Purpose of Expenditure Display Ad		Category/Type 004	
Name of Federal Candidate RAND PAUL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought 126.75		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ NON-Election	

(a) SUBTOTAL of Itemized Independent Expenditures.....	254.25
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	1,661.39

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 **07' 30' 2015**

NO POSTAGE NEEDED IF MAILED IN THE UNITED STATES

PRESS FIRMLY TO SEAL

PRIORITY MAIL TM **EXPRESS**

FASTEST SERVICE IN THE U.S.

Handwritten signature and scribbles

INTERNATIONALLY, FORMS DECLARATION MAY BE REQUIRED.



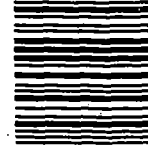
Y 2013 OD: 12.5 x 9.5



0001000006

PRESS FIRMLY TO SEAL

U.S. POSTAGE
PAID
PADUCAH, KY
42001
JUL 30, 15
AMOUNT
\$19.99
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INTERNATIONAL USE

PRIORITY MAIL TM **EXPRESS**



CUSTOMER USE ONLY
FROM: (PLEASE PRINT)
31 ANNE Lmbky
330 Davis Ave
Paducah, Ky 42001
PHONE (703) 366-5877

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) has the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD 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)
Federal Election Commission
999 E Street NW
Washington DC
PHONE ()
ZIP + 4 (U.S. ADDRESSES ONLY)
201463

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

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	Delivery Attempt (MMDDYY) Time	Employee Signature
<input type="checkbox"/> Military	<input type="checkbox"/> DPO	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Postage	Scheduled Delivery Date (MMDDYY)	Delivery Attempt (MMDDYY) Time	Employee Signature
\$ 19.99	8.3.15	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Insurance Fee	Scheduled Delivery Time	Weight	Fee Rate
\$	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM	346	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Return Receipt Fee	<input checked="" type="checkbox"/> 12 NOON <input type="checkbox"/> 10:30 AM Delivery Fee	lbs. ozs.	025.
\$	\$		
Live Animal Transportation Fee	Sunday/Holiday Premium Fee	Acceptance Employee Initials	Employee Signature
\$	\$	PM	1999
Total Postage & Fees			

RECEIVED
FEC MAIL CENTER
2015 AUG -3 AM 11:43

LABEL 11-F, JANUARY 2014 PSN 7650-02-000-6988 3-ADDRESSEE COPY

+ Money Back Guarantee for U.S. addresses only

VISIT US AT USPS.COM



UNITED STATES

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Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked
7/30/15

Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): Shipping Date
Next Business 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): Date of Receipt or Postmarked


PREPARER
(3/2015)

8/3/15
DATE PREPARED

1480001-0001-0001-0001-0001-0001