

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

REPRODUCTIVE RIGHTS FOR KY

ADDRESS (number and street) 2727 LAMONT ROAD

Check if different than previously reported. (ACC) LOUISVILLE KY 40205

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00542704

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2013 through [MM] / [DD] / [YYYY] 06 / 30 / 2013

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 SARA ELLEN GOULD

Signature of Treasurer SARA ELLEN GOULD [Electronically Filed] Date 07 / 31 / 2013

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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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**REPRODUCTIVE RIGHTS FOR KY**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="17287.91"/>	<input type="text" value="17287.91"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="17287.91"/>	<input type="text" value="17287.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4594.23"/>	<input type="text" value="4594.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12693.68"/>	<input type="text" value="12693.68"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

Write or Type Committee Name

**REPRODUCTIVE RIGHTS FOR KY**

Report Covering the Period: From:  /  /  To:  /  /

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).....	11487.91	11487.91
(ii) Unitemized .....	5800.00	5800.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17287.91	17287.91
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	17287.91	17287.91
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	17287.91	17287.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17287.91	17287.91

**DETAILED SUMMARY PAGE**

of Disbursements

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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4594.23	4594.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4594.23	4594.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4594.23	4594.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4594.23	4594.23

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	17287.91	17287.91
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17287.91	17287.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4594.23	4594.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4594.23	4594.23

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

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

FOR LINE NUMBER: PAGE 6 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**REPRODUCTIVE RIGHTS FOR KY**

**A. Linda Allewalt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 346 Oak Crest Drive  
 City State Zip Code  
 Shelbyville KY 40065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 none none  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2013  
**Transaction ID : SA11AI.4154**  
 Amount of Each Receipt this Period  
 240.98

**B. Fran Berg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14212 Reserve CV  
 City State Zip Code  
 Prospect KY 40059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 none none  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 710.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2013  
**Transaction ID : SA11AI.4103**  
 Amount of Each Receipt this Period  
 710.00

**C. Masona Lou Castleberry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 209 Fairfax Avenue Unit 1  
 City State Zip Code  
 Louisville KY 40207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Christian Care Communities marketing coordinator  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : SA11AI.4134**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.98  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**REPRODUCTIVE RIGHTS FOR KY**

**A. Kate Cunningham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8606 Whipps Bend Court  
 City Louisville State KY Zip Code 40222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: retired Occupation: attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 529.67

Date of Receipt: 02 / 18 / 2013  
**Transaction ID : SA11AI.4105**  
 Amount of Each Receipt this Period: 529.67

**B. Dr. Samuel Eubanks Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8310 Croydon Circle  
 City Louisville State KY Zip Code 40222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: EMW Women's Surgical Center Occupation: Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 21 / 2013  
**Transaction ID : SA11AI.4109**  
 Amount of Each Receipt this Period: 500.00

**C. Maria Fernandez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 141 Vernon Ave.  
 City Louisville State KY Zip Code 40206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Fernandez & Haynes Occupation: lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 292.26

Date of Receipt: 04 / 02 / 2013  
**Transaction ID : SA11AI.4132**  
 Amount of Each Receipt this Period: 292.26

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1321.93  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**REPRODUCTIVE RIGHTS FOR KY**

**A. John Findling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 511 Emery Road  
 City Louisville State KY Zip Code 40206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer retired Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : SA11AI.4111**  
 Amount of Each Receipt this Period  
 500.00

**B. SARA ELLEN GOULD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9300 SHELBYVILLE ROAD SUITE 1100  
 City LOUISVILLE State KS Zip Code 40222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DMLO Occupation CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : SA11AI.4112**  
 Amount of Each Receipt this Period  
 500.00

**C. Carolyn Greene**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 667 Ferdinand Court  
 City Fernandina Beach State FL Zip Code 32034-9262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation none  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2013  
**Transaction ID : SA11AI.4136**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 9 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**REPRODUCTIVE RIGHTS FOR KY**

**A. Kim Greene**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1480 Cherokee Road  
 City Louisville State KY Zip Code 40204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : SA11AI.4138**  
 Amount of Each Receipt this Period  
 250.00

**B. Nelson Helm Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4112 Massie Avenue #3  
 City Louisville State KY Zip Code 40207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.4114**  
 Amount of Each Receipt this Period  
 500.00

**C. Jane H. Hope**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1413 Christy Avenue  
 City Louisville State KY Zip Code 40204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation none  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2013  
**Transaction ID : SA11AI.4116**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 10 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REPRODUCTIVE RIGHTS FOR KY**

Full Name (Last, First, Middle Initial) <b>A. Rose Isetti</b>			Date of Receipt
Mailing Address 3115 Kipling Way			<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.4128</b>
Louisville	KY	40205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="400.00"/>
Name of Employer	Occupation		
none	retired		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Joni Jenkins</b>			Date of Receipt
Mailing Address 2010 Obrien Court			<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.4140</b>
Shivey	KY	40216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Commonwealth of KY	State Rep		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Jessica S. Loving</b>			Date of Receipt
Mailing Address 1616 Cherokee Road			<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.4142</b>
Louisville	KY	40205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
self employed	realtor		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 11 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**REPRODUCTIVE RIGHTS FOR KY**

**A. Anne Maron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3207 Springcrest Drive  
 City Louisville State KY Zip Code 40241  
 Date of Receipt 06 / 26 / 2013  
**Transaction ID : SA11AI.4118**  
 Amount of Each Receipt this Period 500.00  
 Aggregate Year-to-Date 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer none Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼

**B. Dr. Ernest Marshall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 East Mill Place  
 City Louisville State KY Zip Code 40222  
 Date of Receipt 04 / 30 / 2013  
**Transaction ID : SA11AI.4120**  
 Amount of Each Receipt this Period 500.00  
 Aggregate Year-to-Date 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer self employed Occupation Doctor  
 Receipt For:  Primary  General  Other (specify) ▼

**C. MaryLou Marzian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2007 Tyler Lane  
 City Louisville State KY Zip Code 40205  
 Date of Receipt 04 / 02 / 2013  
**Transaction ID : SA11AI.4130**  
 Amount of Each Receipt this Period 300.00  
 Aggregate Year-to-Date 300.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Commonwealth of KY Occupation State Rep  
 Receipt For:  Primary  General  Other (specify) ▼

**SUBTOTAL** of Receipts This Page (optional).....▶ 1300.00  
**TOTAL** This Period (last page this line number only).....▶

**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 12 OF 20
<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

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NAME OF COMMITTEE (In Full)  
**REPRODUCTIVE RIGHTS FOR KY**

Full Name (Last, First, Middle Initial) <b>A. Eleanor B. Miller</b>		Date of Receipt MM / DD / YYYY 06 / 25 / 2013 <b>Transaction ID : SA11AI.4122</b>
Mailing Address PO Box 7907		Amount of Each Receipt this Period 500.00
City Louisville	State KY	Zip Code 40202
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00
Name of Employer none	Occupation Businesswoman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Nancy Newman</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2013 <b>Transaction ID : SA11AI.4144</b>
Mailing Address 16 Rio Vista Drive		Amount of Each Receipt this Period 250.00
City Louisville	State KY	Zip Code 40207
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00
Name of Employer Norton HealthCare	Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kathy Pellegrino</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2013 <b>Transaction ID : SA11AI.4146</b>
Mailing Address 614 Cressbrook Drive		Amount of Each Receipt this Period 250.00
City Louisville	State KY	Zip Code 40206
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00
Name of Employer none	Occupation none	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 13 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**REPRODUCTIVE RIGHTS FOR KY**

**A. Sarah Rhyne**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Eastover Court

City Louisville State KY Zip Code 40206

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

Name of Employer none Occupation none

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2013  
**Transaction ID : SA11AI.4124**

Amount of Each Receipt this Period  
500.00

**B. Carol Savkovich**  
Full Name (Last, First, Middle Initial)

Mailing Address 9202 Trentham Lane

City Louisville State KY Zip Code 40242

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

Name of Employer L&H Investments Occupation Property Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
515.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2013  
**Transaction ID : SA11AI.4107**

Amount of Each Receipt this Period  
515.00

**C. Katherine Schneider**  
Full Name (Last, First, Middle Initial)

Mailing Address 1219 Summit Avenue

City Louisville State KY Zip Code 40204

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

Name of Employer none Occupation none

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : SA11AI.4148**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1265.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 14 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REPRODUCTIVE RIGHTS FOR KY**

**A. Patricia Stauffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 South Fifth St #306  
 City Louisville State KY Zip Code 40203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Planned Parenthood of KY Occupation director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : SA11AI.4150**  
 Amount of Each Receipt this Period  
 250.00

**B. Dona Wells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12213 Ledges Drive  
 City Louisville State KY Zip Code 40243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EMW Women's Clinic Occupation Exec Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2013  
**Transaction ID : SA11AI.4152**  
 Amount of Each Receipt this Period  
 250.00

**C. John Yarmuth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5008 Nitta Yuma Drive  
 City Harrods Creek State KY Zip Code 40027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US Congress Occupation US Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : SA11AI.4101**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**REPRODUCTIVE RIGHTS FOR KY**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Ken Zegart**

Mailing Address 300 Penruth Ave

City State Zip Code  
Louisville KY 40207

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

Name of Employer Occupation  
Retired Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2013  
**Transaction ID : SA11AI.4126**

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 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 Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	11487.91

**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)

<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)  
**REPRODUCTIVE RIGHTS FOR KY**

Full Name (Last, First, Middle Initial)

**A. Fran Berg**

Mailing Address 14212 Reserve CV

City Prospect State KY Zip Code 40059

Purpose of Disbursement  
In-Kind Fundraising

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4373**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Honi Goldman**

Mailing Address 2727 Lamont Road

City Louisville State KY Zip Code 40205

Purpose of Disbursement  
Fundraising Expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4357**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Honi Goldman**

Mailing Address 2727 Lamont Road

City Louisville State KY Zip Code 40205

Purpose of Disbursement  
Website Setup/Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4358**

Amount of Each Disbursement this Period

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

**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)

<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)  
**REPRODUCTIVE RIGHTS FOR KY**

Full Name (Last, First, Middle Initial)

**A. Honi Goldman**

Mailing Address 2727 Lamont Road

City State Zip Code  
Louisville KY 40205

Purpose of Disbursement  
Fundraising Expenses

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4359**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Honi Goldman**

Mailing Address 2727 Lamont Road

City State Zip Code  
Louisville KY 40205

Purpose of Disbursement  
Refund of Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4377**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Honi Goldman**

Mailing Address 2727 Lamont Road

City State Zip Code  
Louisville KY 40205

Purpose of Disbursement  
Fundraising Expense

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4360**

Amount of Each Disbursement this Period

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

**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)

<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)  
**REPRODUCTIVE RIGHTS FOR KY**

Full Name (Last, First, Middle Initial)

**A. Honi Goldman**

Mailing Address 2727 Lamont Road

City Louisville State KY Zip Code 40205

Purpose of Disbursement  
In-Kind Administrative Expenses

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

Transaction ID : SB21B.4376

Amount of Each Disbursement this Period

1	7	5	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Stock Yards Bank**

Mailing Address PO BOX 32890

City Louisville State KY Zip Code 40232

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	3

Transaction ID : SB21B.4361

Amount of Each Disbursement this Period

1	4	8	2	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Stock Yards Bank**

Mailing Address PO BOX 32890

City Louisville State KY Zip Code 40232

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	3

Transaction ID : SB21B.4366

Amount of Each Disbursement this Period

1	0	0
---	---	---

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

3	2	4	2	5
---	---	---	---	---

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

3	2	4	2	5
---	---	---	---	---

**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)

<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)  
**REPRODUCTIVE RIGHTS FOR KY**

Full Name (Last, First, Middle Initial)

**A. Stock Yards Bank**

Mailing Address PO BOX 32890

City State Zip Code  
Louisville KY 40232

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4363**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Stock Yards Bank**

Mailing Address PO BOX 32890

City State Zip Code  
Louisville KY 40232

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4362**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Stock Yards Bank**

Mailing Address PO BOX 32890

City State Zip Code  
Louisville KY 40232

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4364**

Amount of Each Disbursement this Period

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

**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)

<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)  
**REPRODUCTIVE RIGHTS FOR KY**

Full Name (Last, First, Middle Initial)

**A. Stock Yards Bank**

Mailing Address PO BOX 32890

City Louisville State KY Zip Code 40232

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4365**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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