FEC

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Kentucky Tomorrow, Inc. 2335 Buttermilk Crossing ADDRESS (number and street) PMB 230 (Check if address is changed) Crescent Springs 41017 KY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jennifer.n.krantz@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2016 C00622415 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Jennifer N. Krantz Type or Print Name of Treasurer Jennifer N. Krantz [Electronically Filed] 07 26 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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		OMMITTEE	
	naidate	Committee:	
(a)	Ш	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. (Compinformation below.)	lete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Con	nmittee:	_
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	·
(f)	NZ.	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg	gregated fund or party
(f)	X	committee. (i.e., nonconnected committee)	regated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee N		
Kentucky Ton	norrow, Inc.	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	in possession of committee
I	er N. Krantz	
Full Name	2335 Buttermilk Crossing	
Mailing Address	PMB 230	
	Crescent Springs KY 41	1017
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 813	_ 735 _ 3564
. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and t g., assistant treasurer).	the name and address of
Full Name Jennife of Treasurer	er N. Krantz	
Mailing Address	2335 Buttermilk Crossing	
	PMB 230	
	Crescent Springs KY 41 CITY STATE	017 ZIP CODE
Title or Position Treasurer		735 3564

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Full Name of Designated	1	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits fur boxes or maintains funds. Depository, etc.	ids, floids decounts, felics
safety deposit b Name of Bank,	Depository, etc. Forcht Bank 16100 First Financial Drive	
safety deposit b	Depository, etc. Forcht Bank 16100 First Financial Drive	
safety deposit b Name of Bank,	Depository, etc. Forcht Bank 6100 First Financial Drive	41005
safety deposit b Name of Bank,	Depository, etc. Forcht Bank 6100 First Financial Drive	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Forcht Bank 6100 First Financial Drive Burlington KY	41005
safety deposit b Name of Bank, Mailing Address	Depository, etc. Forcht Bank 6100 First Financial Drive Burlington KY CITY STATE	41005 ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc. Forcht Bank 6100 First Financial Drive Burlington KY STATE	41005 ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc. Forcht Bank 6100 First Financial Drive Burlington KY CITY STATE Depository, etc.	41005 ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Forcht Bank 6100 First Financial Drive Burlington KY CITY STATE Depository, etc.	41005 ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Forcht Bank 6100 First Financial Drive Burlington KY CITY STATE Depository, etc.	41005 ZIP CODE

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

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.

Form/Schedule: Transaction ID: