

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

REC: SECRETARY OF STATE PUBLIC RECORDS

14 APR 17 PM 2:41

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Matt Bevin for Senate

ADDRESS (number and street)

PO Box 6675

11902 Brinley Ave.



Check if different than previously reported. (ACC)

Louisville

KY

40206

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C C00547547

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

KY

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)



Termination Report (TER)

(b) 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 Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y

in the State of

5. Covering Period

M M / 01

D D / 01

Y Y Y Y Y 2014

through

M M / 03

D D / 31

Y Y Y Y Y 2014

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 Eva Smith

Signature of Treasurer

Eva Smith

Eva Smith

Date

M M / 04

D D / 14

Y Y Y Y Y 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3 (Revised 02/2003)

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