FEC FORM 1	STATEMEN ORGANIZ		RECEIVED 2013 FEB 27 AM II: 31 FFC MAIPTIPELINE PHYLO			
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5			
PROGRESS	KENITUCKY		<u>, , , , , , , , , , , , , , , , , , , </u>			
ADDRESS (number and stree	PIDI BOIXI 419	<u>. (. 4 </u>				
(Check if address is changed)						
·		E	KY HOZOH-L			
COMMITTEE'S E-MAIL ADI	DRESS					
(Check if address DIDIUIGEPROGRESSKENTUCKY.COM						
, , , , , , , , , , , , , , , , , , ,	Optional Second E-Mail Ad	dress	·),GKY,,CB,M,,,,,,,,			
(Check if address is changed)						
2. DATE 02	2112013					
3. FEC IDENTIFICATION		0539999				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)				
I certify that I have examine	ed this Statement and to the best	of my knowledge and belief	it is true, correct and complete.			
Type or Print Name of Trea	surer Davahas L	DAVis				
Signature of Treasurer	An		Date 0.2 21 2013			
NOTE: Submission of false, e		may subject the person signing ION SHOULD BE REPORTED	g this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.			
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100				

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FEC Form 1 (Revised 02/2009)

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TYPE OF (COMMITTEE				
	e 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 of Candidate					
Candidete Party Affiliat	ion Office Senate President District				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Co					
(d)	This committee is a republican, etc.) Part				
Political A	Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is				
·	Corporation Labor Organization				
	Membership Organization				
~ 1	In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or par committee. (i.e., nonconnected committee)				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fun	draising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political				
Sec.4.	committees/organizations, none of which is an authorized committee of a federal candidate.				
Cor	nmittees Participating in Joint Fundraiser				
1.					
2.					
3.					
0.					
4.					

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FEC Form 1 (Revis			Page 3
Write or Type Committee N			
6. Name of Any Connector	GS KENTUCKY ed Organization, Affillated Committee, Joint Fundraisin		adershin BAC Shonsor
6. Name of Any Connect			
Mailing Address			
		STATE	
Relationship:	ected Organization	draising Representative	Leadership PAC Sponsor
books and records.	Identify by name, address (phone number optional) ar	nd position of the person	in possession of committee
Mailing Address	121117 DREED ANE	D BOX 49	14
Ū			
	LOUISVILLE	LI 1K1XI 14	0,2,0,4
Title or Position	СПҮ	STATE	ZIP CODE
TREASURE		one number <u>BH3</u>	-12981-14599
8. Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasure .g., assistant treasurer).	er of the committee; and t	he name and address of
Full Name DO	UGLAS LEE DAVIS	<u> </u>	
Mailing Address	EHT SPILED ANE PO	BOX 491	4
		цКУ Ц state	
Title or Position		one number [<u>8,4,3</u>]	-129.81-1459.91

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FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address	$[PiO_1,BiO_1X_1,H_1,9,1,H_1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1$	
		14.0.2.041-1
Title or Position	VEDURECTOR Telephone number 5	0121-13861-1610191
safety deposit boxes Name of Bank, Dep	positories: List all banks or other depositories in which the committee deposits or maintains funds. ository, etc.	
Mailing Address	$[P_{0} B_{0} X 32 89 9 9 1 1 1 1 1 1 1 $	
J		
	LOUUSVILLE KY	· · · · · · · · · · · · · · · · · · ·
	CITY STATE	ZIP CODE
Name of Bank, Dep	ository, etc.	
Į		<u></u>
 Mailing Address		
-		

CITY

STATE

ZIP CODE

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCO The FEC added this page to the end of this filing to inc	MING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked, 2/22/13
Delivery Confirmation [™] or Signature (Confirmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	· · · · · ·
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bu	Isiness 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
Date Other (Specify):	e of Receipt or Postmarked
R	2/27/13
PREPARER (3/2005)	DATE PREPARED

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