



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**WE ARE KENTUCKY**

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="260500.00"/>	<input type="text" value="260500.00"/>
(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="260500.00"/>	<input type="text" value="260500.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="121465.18"/>	<input type="text" value="121465.18"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="139034.82"/>	<input type="text" value="139034.82"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**WE ARE KENTUCKY**

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).....	60500.00	60500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	60500.00	60500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	200000.00	200000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	260500.00	260500.00
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))..... ▶	260500.00	260500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	260500.00	260500.00

**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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	121465.18	121465.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	121465.18	121465.18
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)) ..	121465.18	121465.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	121465.18	121465.18

**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) .....	260500.00	260500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	260500.00	260500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	121465.18	121465.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	121465.18	121465.18

**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 6 OF 19
	<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	

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)  
**WE ARE KENTUCKY**

**A. Jerome Kohlberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 Radio Circle

City Mount Kisco State NY Zip Code 10549

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

Name of Employer Self Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2013  
**Transaction ID : SA11AI.4103**

Amount of Each Receipt this Period  
 25000.00

**B. William H. May**  
Full Name (Last, First, Middle Initial)

Mailing Address 127 W. Main Street

City Lexington State KY Zip Code 40507

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

Name of Employer Hurt, Crosbie & May PLLC Occupation Attorney

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  
 07 / 26 / 2013  
**Transaction ID : SA11AI.4102**

Amount of Each Receipt this Period  
 500.00

**c. Nancy Kohlberg Revocable Trust**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 Radio Circle

City Mount Kisco State NY Zip Code 10549

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2013  
**Transaction ID : SA11AI.4105**

Amount of Each Receipt this Period  
 25000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50500.00
<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 7 OF 19  
(check only one)

<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)  
**WE ARE KENTUCKY**

**A.** Full Name (Last, First, Middle Initial)  
**Ryan D. Smith**

Mailing Address 1038 N Eastcapitol Blvd

City State Zip Code  
Salt Lake City UT 84103

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

Name of Employer Occupation  
Self Venture Capitalist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 25 / 2013

**Transaction ID : SA11AI.4113**

Amount of Each Receipt this Period  
10000.00

**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).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	60500.00

**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 19  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**WE ARE KENTUCKY**

**A. UAW EDUCATION FUND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8000 EAST JEFFERSON AVENUE  
 City State Zip Code  
 DETROIT MI 48214  
 FEC ID number of contributing federal political committee. **C** C00528448  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 100000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2013  
**Transaction ID : SA11C.4109**  
 Amount of Each Receipt this Period  
 100000.00

**B. UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE (UNITED ASSOCIATION OF JOURNEYMEN AND APP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address THREE PARK PLACE  
 City State Zip Code  
 ANNAPOLIS MD 21401  
 FEC ID number of contributing federal political committee. **C** C00012476  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 100000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2013  
**Transaction ID : SA11C.4111**  
 Amount of Each Receipt this Period  
 100000.00

**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).....▶	200000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	200000.00



**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)

<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)  
**WE ARE KENTUCKY**

Full Name (Last, First, Middle Initial)

**A. Blue Labs**

Mailing Address 1926 N Street, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Data Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 26 / 2013

**Transaction ID : SB21B.4115**

Amount of Each Disbursement this Period

6850.00

Full Name (Last, First, Middle Initial)

**B. Blue Labs**

Mailing Address 1926 N Street, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Data Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 23 / 2013

**Transaction ID : SB21B.4126**

Amount of Each Disbursement this Period

6850.00

Full Name (Last, First, Middle Initial)

**C. William H. May**

Mailing Address 127 W. Main Street

City Lexington State KY Zip Code 40507

Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 26 / 2013

**Transaction ID : SB21B.4119**

Amount of Each Disbursement this Period

20610.61

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

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

34310.61

**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)  
**WE ARE KENTUCKY**

Full Name (Last, First, Middle Initial)

**A. Arrow Cab Co.**

Mailing Address 2575 Main St

City San Francisco State CA Zip Code 94124

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2013

Transaction ID : **SB21B.4119.0**

Amount of Each Disbursement this Period

272.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Woodside Management**

Mailing Address 49-13 Roosevelt Ave

City Woodside State NY Zip Code 11377

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2013

Transaction ID : **SB21B.4119.1**

Amount of Each Disbursement this Period

200.25

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Delta Airlines**

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 09 / 2013

Transaction ID : **SB21B.4119.2**

Amount of Each Disbursement this Period

794.70

[MEMO ITEM]

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

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

0.00

**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)

<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)  
**WE ARE KENTUCKY**

Full Name (Last, First, Middle Initial)

**A. W Hotels DC**

Mailing Address 515 15th Street, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2013

Transaction ID : SB21B.4119.3

Amount of Each Disbursement this Period

577.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2013

Transaction ID : SB21B.4119.4

Amount of Each Disbursement this Period

1632.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. W Hotels SF**

Mailing Address 181 Third Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2013

Transaction ID : SB21B.4119.5

Amount of Each Disbursement this Period

1811.62

[MEMO ITEM]

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

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

0.00

**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)

<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)  
**WE ARE KENTUCKY**

Full Name (Last, First, Middle Initial)

**A. Four Seasons Hotel**

Mailing Address 2050 University Avenue

City East Palo Alto State CA Zip Code 94303

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2013

Transaction ID : SB21B.4119.6

Amount of Each Disbursement this Period

467.45

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 06 / 2013

Transaction ID : SB21B.4119.7

Amount of Each Disbursement this Period

749.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Delta Airlines**

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2013

Transaction ID : SB21B.4119.8

Amount of Each Disbursement this Period

915.60

[MEMO ITEM]

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

0.00

**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)  
**WE ARE KENTUCKY**

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 13 / 2013

Transaction ID : **SB21B.4119.9**

Amount of Each Disbursement this Period

509.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. R Renaissance**

Mailing Address 999 Ninth Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 18 / 2013

Transaction ID : **SB21B.4119.10**

Amount of Each Disbursement this Period

1320.62

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Mondrian SOHO**

Mailing Address 9 Crosby Street

City New York State NY Zip Code 10013

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 25 / 2013

Transaction ID : **SB21B.4119.11**

Amount of Each Disbursement this Period

1491.35

[MEMO ITEM]

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

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

0.00

**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)

<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)  
**WE ARE KENTUCKY**

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2013

Transaction ID : **SB21B.4119.12**

Amount of Each Disbursement this Period

784.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2013

Transaction ID : **SB21B.4119.13**

Amount of Each Disbursement this Period

659.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Delta Airlines**

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2013

Transaction ID : **SB21B.4119.14**

Amount of Each Disbursement this Period

1684.40

[MEMO ITEM]

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

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

0.00

**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)

<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)  
**WE ARE KENTUCKY**

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2013

Transaction ID : SB21B.4119.15

Amount of Each Disbursement this Period

647.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Mondrian SOHO**

Mailing Address 9 Crosby Street

City New York State NY Zip Code 10013

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2013

Transaction ID : SB21B.4119.16

Amount of Each Disbursement this Period

566.03

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Clift Hotel**

Mailing Address 495 Geary Street

City San Francisco State CA Zip Code 94102

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2013

Transaction ID : SB21B.4119.17

Amount of Each Disbursement this Period

1413.68

[MEMO ITEM]

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

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

0.00

# 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)

<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)  
**WE ARE KENTUCKY**

Full Name (Last, First, Middle Initial)

### A. The Ritz-Carlton Denver

Mailing Address 1881 Curtis Street

City San Francisco State CA Zip Code 94102

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2013

Transaction ID : SB21B.4119.18

Amount of Each Disbursement this Period

893.17

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### B. William H. May

Mailing Address 127 W. Main Street

City Lexington State KY Zip Code 40507

Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2013

Transaction ID : SB21B.4125

Amount of Each Disbursement this Period

3986.76

Full Name (Last, First, Middle Initial)

### C. Delta Airlines

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2013

Transaction ID : SB21B.4125.0

Amount of Each Disbursement this Period

861.80

[MEMO ITEM]

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

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

3986.76



**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)  
**WE ARE KENTUCKY**

Full Name (Last, First, Middle Initial)

**A. Mondrian SOHO**

Mailing Address 9 Crosby Street

City New York State NY Zip Code 10013

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2013			

Transaction ID : SB21B.4125.1

Amount of Each Disbursement this Period

665.69
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. W Hotels DC**

Mailing Address 515 15th Street, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2013			

Transaction ID : SB21B.4125.2

Amount of Each Disbursement this Period

740.81
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Delta Airlines**

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2013			

Transaction ID : SB21B.4125.3

Amount of Each Disbursement this Period

977.70
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[MEMO ITEM]

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

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

0.00
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**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)  
**WE ARE KENTUCKY**

Full Name (Last, First, Middle Initial)

**A. New Partners**

Mailing Address 1250 Eye Street, NW  
Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 26 / 2013

**Transaction ID : SB21B.4122**

Amount of Each Disbursement this Period

29358.07

Full Name (Last, First, Middle Initial)

**B. New Partners**

Mailing Address 1250 Eye Street, NW  
Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 26 / 2013

**Transaction ID : SB21B.4124**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. New Partners**

Mailing Address 1250 Eye Street, NW  
Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Strategic/Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 23 / 2013

**Transaction ID : SB21B.4127**

Amount of Each Disbursement this Period

28049.74

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

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

67407.81

**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)  
**WE ARE KENTUCKY**

Full Name (Last, First, Middle Initial)

**A. Ross Offinger**

Mailing Address 141 Lafayette Ave  
Apt G

City Brooklyn State NY Zip Code 11238

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2013			

Transaction ID : SB21B.4117

Amount of Each Disbursement this Period

5000.00
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Full Name (Last, First, Middle Initial)

**B. Ross Offinger**

Mailing Address 141 Lafayette Ave  
Apt G

City Brooklyn State NY Zip Code 11238

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2013			

Transaction ID : SB21B.4128

Amount of Each Disbursement this Period

10000.00
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Full Name (Last, First, Middle Initial)

**C. Sandler, Reiff, Young & Lamb, PC**

Mailing Address 1025 Vermont Ave, NW  
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2013			

Transaction ID : SB21B.4120

Amount of Each Disbursement this Period

760.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

15760.00
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121465.18
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