Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Bringing Republican Excellence To Town PAC PO Box 22401 ADDRESS (number and street) (Check if address is changed) Louisville 40252-0401 ΚY CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address kaylee@brettguthrie.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00483487 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. Type or Print Name of Treasurer Price, Kaylee, Carnahan, Mrs. Price, Kaylee, Carnahan, Mrs., Date 04 30 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

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TYPE OF COMMITTEE:						
andidate 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. (Compinformation below.)	plete the candidate					
Name of Candidate						
Candidate Office Party Affiliation Sought: House Senate Presiden	State of the state					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate						
(d) This committee is a	mocratic, ublican, etc.) Party					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:					
Corporation Corporation w/o Capital Stock	_abor Organization					
Membership Organization Trade Association	Cooperative					
In addition, this committee is a Lobbyist/Registrant PAC.						
(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund o committee. (i.e., nonconnected committee)						
In addition, this committee is a Lobbyist/Registrant PAC.						
X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
This committee is an independent expenditure-only political committee (Super PAC). In addition, this committee is a Lobbyist/Registrant PAC.						
				(h) This committee is a political committee with both contribution and non-contribution accounts (Hy	ybrid PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.						
Joint Fundraising Representative:						
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds fo committees/organizations, at least one of which is an authorized committee of a federal candidate.	•					
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
Committees Participating in Joint Fundraiser						
1.						

I	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name	an Evanlana Ta Taur	- DAC	
_		can Excellence To Towi		
6.	<u>-</u>	rganization, Affiliated Committee, Joint	Fundraising Representa	tive, or Leadership PAC Sponsor
	GUTHRIE, S. BRETT	, , ПОП., 		
	Mailing Address	PO Box 22401		
		Laviavilla	101	40050
		Louisville	KY KY	
		CITY ▲	STATE	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Repre	sentative X Leadership PAC Spons
			3 4	
7.		fy by name, address (phone number opt	tional) and position of the pe	erson in possession of committee
	books and records.			
	The state of the s	ee, Carnahan, Mrs.,		
	Full Name			
	Mailing Address	9300 Shelbyville Rd		
		Suite 1005		
		Louisville	NA NA	1 40220
		Louisvine	L KY	40220
		CITY ▲	STATE	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	502 365 9917
			relephone number	
8.	Traccurer List the name and	d address (phone number optional) of	the transurer of the comm	ittoo; and the name and address of
0.	any designated agent (e.g., a		the treasurer of the commi	illee, and the hame and address of
	Full Name Price, Kayle	aa Carnahaa Mra		
	of Treasurer	ee, Carnahan, Mrs.,		
	Mailing Address	9300 Shelbyville Rd		
	Mailing Address	Suite 1005		
		Suite 1005		
		Louisville	KY	40220
			27	710 0005 4
	Title or Position ▼	CITY ▲	STATE	ZIP CODE ▲
	Treasurer			502 365 9917
			Telephone number	502 - 503 - 517

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Full Name of Designated Agent	Jennings, J., Scott, ,						
Mailing Address	9300 Shelbyville Rd						
	Louisville	KY	40220				
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲				
		Telephone number 502	2				
	Depositories: List all banks or other depositories in which xes or maintains funds.	n the committee deposits fur	nds, holds accounts, rents				
Name of Bank, Depository, etc.							
	Central Bank & Trust Co.						
Mailing Address	9300 Shelbyville Road						
	Ste. 100 Louisville	, KY,	1 40222				
	CITY A	STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.							
Mailing Address							
	CITY ▲	STATE ▲	ZIP CODE ▲				