## 

**FEC** FORM 1

Use

Only

## STATEMENT OF **ORGANIZATION**

2016 AUG -8 AM 11: 44

			Office Use Only
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
KOGA PACI			
<u> </u>			
ADDRESS (number and street)	13016 W MA	Nisti	
☐ <b>(</b> Check if address is changed)	81111E 4104		
	ERANKE OFT		STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDRES	ss		
(Check if address is changed)	LAURACKYO	1,4G,AS,.ORG	
	Optional Second E-Mail Add	tress NGD1   WSM 0  RE	. COM
COMMITTEE'S WEB PAGE ADD	DRESS (URL)		
☐ ◀ (Check if address is changed)			
2. DATE 08 '0	1 2014		
3. FEC IDENTIFICATION NU	JMBER ▶ [C]O	0554691	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasurer	Laura Cole	0	
Signature of Treasurer	Jama Col		Date 08 01 2010
NOTE: Submission of false, errone		may subject the person signing to	his Statement to the penalties of 52 U.S.C. §30109 VITHIN 10 DAYS.
Office		For further information co	

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

(Revised 06/2012)

	F	EC Fo	rm 1 (Revised 02/2009) Page <b>2</b>
			OMMITTEE
	Cano (a)	didate	Committee:  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
	Name Candi		information below.)
	Candi Party	date Affiliatio	on Office State Senate President District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Part	y Con	nmittee:
	(d)		(National, State (Democratic, Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is as
			Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trade Association Cooperative
			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 party 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	Fund	raising 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 committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	mittees Participating in Joint Fundraiser
		1.	
		2.	FEC ID number C
		3.	FEC ID number
		4.	FEC ID number

$\Gamma$		_
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Write or Type Committee Nam	ne	
KOGA PF	tC	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative	ve, or Leadership PAC Sponsor
KENTUCKY 10	114 IAND IGAISI IAISISIOCI I ATTIIOIN I	1MC
Mailing Address	3016 IW MALIN ISTI ISHTE 140141	
	FRANKFORT I I I STATE	2IP CODE
Relationship: X Connecte	ed Organization Affiliated Committee Joint Fundraising Represe	ntative Leadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number — optional) and position of the	e person in possession of committee
Full Name LAJ	RA COLE	
Mailing Address	30 6 W MAIN ST STE 404	
	FRANKFORT	40.6011-
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	6012-12261-11955
Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committed assistant treasurer).	ee; and the name and address of
Full Name of Treasurer	RA COLE	+
Mailing Address	13019 W MAIN STI	
	18TE 404	
	FRANK PORT	40.6011-
Title or Position	CITY STATE	ZIP CODE

Telephone number 502-226-1955

TREASURER ....

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Full Name of Designated Agent  MLL	L QLAHAM	· <u>                                      </u>			
Mailing Address	7.30 E. MAINIST	<u> </u>			
		<del></del>			
	IFIRANK FIOLETI	STATE	14.0.6011-		
Title or Position	<u>I I I I I I I I I I I I I I I I I I I </u>	number <u>5</u>	021-12271-14441		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.					
	MUNITY TRUST BANK		<u> </u>		
Mailing Address	1/205, 0, LD , US, HWY, 1/2		<u> </u>		
	FRANKFORT	I KY	40601-		
	CITY	STATE	ZIP CODE		
Name of Bank, Depository,	etc.				
المنا					
Mailing Address		1 1 1 1			
		لــا لـ			
	CITY	STATE	ZIP CODE		

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USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
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Next Business	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
Other (Specify):	ceipt or Postmarked
h	8/8/16
(3/2015)	DATE PREPARED