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STATEMENT OF **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. RAND PAUL FOR US SENATE PO BOX 72928 ADDRESS (number and street) (Check if address is changed) **NEWPORT** 41072 KY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS RPFS@BROGHAMERLLC.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.TEAMRAND.COM (Check if address is changed) DATE 2018 C00496075 FEC IDENTIFICATION NUMBER > 3. 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. BROGHAMER, KEVIN, , , Type or Print Name of Treasurer BROGHAMER, KEVIN, , , [Electronically Filed] 12 16 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

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		OMMITTEE • 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 candidatinformation below.)			
Nam Cand	e of didate	PAUL, RAND, , ,		
	didate / Affiliati	on REP Office Sought: House X Senate President	State KY District 00	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Nam Cand	e of didate			
Par	ty Con	nmittee:		
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.	
Poli	tical A	ction Committee (PAC):		
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its of			nnected organization is a:	
		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 s committee. (i.e., nonconnected committee)	egregated fund or party	
		In addition, this committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Join	t Fund	raising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political	
	Com	mittees Participating in Joint Fundraiser		
	1.	FEC ID number		
	2.	FEC ID number		
	3.	FEC ID number		
	4.			

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Write or Type Committee Name	r age U
RAND PAUL FOR US SENATE	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
RAND PAUL VICTORY	
PO BOX 190	
Mailing Address	
NEWPORT KY 41072	
NEWPORT KY 41072	
CITY STATE ZIP	CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in posses books and records.	sion of committee
BROGHAMER, KEVIN, , ,	1
Full Name PO BOX 72928	
Mailing Address	
NEWPORT , KY , 41072	
INC. WI OKT	
Title or Position CITY STATE ZIP	CODE
TREASURER Telephone number	
B. Treasurer : List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	and address of
Full Name BROGHAMER, KEVIN, , , of Treasurer	
IPO BOX 72928	
Mailing Address	
NEWPORT	
	CODE
Title or Position TREASURER LIVER TO THE PROPERTY OF THE PROP	

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Full Name of Designated Agent	BROGHAMER, KEVIN, , ,					
Mailing Address	PO BOX 72928					
	NEWPORT , KY , 4	1072				
	CITY STATE	ZIP CODE				
Title or Position TREASURER	Telephone number]				
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.						
	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE					
Mailing Address	1					
	MCLEAN VA 22	2101				
	CITY STATE	ZIP CODE				
Name of Bank, D	Depository, etc.					
	CHASE BANK 11 S GRAND AVE					
Mailing Address						
	FT THOMAS KY 4	1075				