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FEC

Only

STATEMENT OF ORGANIZATION

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Paul Victory Jefferson County Kentucky _I4710 Champions Trace ADDRESS (number and street) Suite 104 (Check if address is changed) ouisville CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) ibrooks@brookswicker.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE C **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT OR AMENDED (A) NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. S. Brooks Wicker, Jr. Type or Print Name of Treasurer Date Signature of Treasurer 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 (Revised 02/2009)

Local 202-694-1100

| | FEC For | m 1 (Revised 02/2009) | Page 2 | | | |
|-----------------------------------|--------------------------------|--|--|--|--|--|
| | TYPE OF C | YPE OF COMMITTEE | | | | |
| | Candidate | Candidate 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. (Corinformation below.) | mplete the candidate | | | |
| | Name of Candidate | | 12.7 | | | |
| | Candidate Party Affiliation | Office Sought: House Senate President | State | | | |
| | (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | <i></i> . | | | |
| | Name of Candidate | | | | | |
| | Party Com | | | | | |
| | (d) | (National, State This committee is a or subordinate) committee of the | (Democratic, Republican, etc.) Party. | | | |
| | Political A | ction 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 | 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 NÖT a separate s committee. (i.e., nonconnected committee) | segregated 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.) | | | | |
| Joint Fundraising Representative: | | | | | | |
| | (g) X | | | | | |
| | (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 | | | |
| | C | eritte on Participation in Jaint Franchisco | | | | |
| | Com | mittees Participating in Joint Fundraiser | | | | |
| | 1. | Rand Paul For US Senate FEC ID number C 462 | 2069 | | | |
| | 2. | Jefferson County Republican Party FEC ID number C 155 | 594 | | | |
| | 3. | FEC ID number C | . PATE | | | |
| | 4. | FEC ID number C | | | | |

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|---|---|---------------------------------------|
| Write or Type Committee N | | raye 3 |
| | tory Jefferson County Kentucky | |
| | ed Organization, Affiliated Committee, Joint Fundraising Represent | anve, or Leadership PAC Sponsor |
| | | |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | 1 1 1-1 |
| | CITY STA | TE ZIP CODE |
| Relationship: Conne | ected Organization Affiliated Committee Joint Fundraising Repre | esentative Leadership PAC Sponsor |
| 7. Custodian of Records: books and records. | Identify by name, address (phone number optional) and position of | the person in possession of committee |
| Full Name | Brooks Wicker, Jr. | |
| Mailing Address | PO Box 6449 | |
| - | | 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | Louisville K | Y 40206 - |
| Title or Position | CITY STAT | E ZIP CODE |
| Treasurer | Telephone number | لبيا-لييا-لييي |
| Treasurer: List the name any designated agent (e. | e and address (phone number optional) of the treasurer of the comr g., assistant treasurer). | nittee; and the name and address of |
| Full Name S. E | Brooks Wicker, Jr. | |
| Mailing Address | PO Box 6449 | |
| | | |
| | Louisville | Y 40206 - |
| Title or Position | CITY STAT | E ZIP CODE |
| Treasurer | Telephone number | [502] - [893] - [9743] |

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|-------------------------------------|--|---|
| | | |
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | J-L |
| Name of Bank, D | _ | |
| Name of Bank, D | | |
| Name of Bank, D | 151/31BANK 122071 Holiday MyMoiz CENTER | |
| Name of Bank, D | 12207 Holiday Mandol CENTER | 2 |
| Name of Bank, D | EN CITY STATE | 40222- |
| Name of Bank, D | EN CITY STATE | 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, |
| Name of Bank, D | Pepository, etc. 15/3-BANK 12207. HOLIDAY MANOL CENTY LOUISVILLE CITY STATE | 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, |
| Mailing Address Name of Bank, D | Pepository, etc. 15/3-BANK 12207. HOLIDAY MANOL CENTY LOUISVILLE CITY STATE | 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, |
| Mailing Address Name of Bank, D | Pepository, etc. 15/3-BANK 12207. HOLIDAY MANOL CENTY LOUISVILLE CITY STATE | 2 |

| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. | | | | | |
|---|----------------------------|--|--|--|--|
| Hand Delivered | Date of Receipt | | | | |
| USPS First Class Mail | Postmarked | | | | |
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| USPS Priority Mail | Postmarked / d / /3 / P | | | | |
| Delivery Confirmation™ or Signature C | Confirmation™ Label | | | | |
| USPS Express Mail | Postmarked | | | | |
| Postmark Illegible | | | | | |
| No Postmark | | | | | |
| Overnight Delivery Service (Specify): | Shipping Date | | | | |
| 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): | e of Receipt or Postmarked | | | | |
| Jn J | 10/19/10 | | | | |
| (3/2005) | DATE PREPARED | | | | |