

HAND DELIVERED

STATEMENT OF

RECEIVED 7 2014 JUL - 9 PM 12: 16

FORM 1		ORGANIZATION					MAIL I	CENTER	
1. NAME OF COMMITTEE (I	n fuli)		eck if name thanged)		nple:If typing, type the lines.	12FE4	M5		
KENTUCK	(IANS	UNITE	D VIC	TORY	FUND			<u> </u>	لببب
				لللل	 	1111	111	<u></u>	لىبىل
ADDRESS (number	and street)	PO B	OX 9	بلبل		لللللل		4-4-4	لححي
(Check If a is changed		LEXI	NGTO	y		KY	40	588	
				CITY		STATE		ZIP C	ODE
COMMITTEE'S E-M (Check is change	if address		rovide only of			SING.	COM	- 	<u>.</u>
COMMITTEE'S WE	B PAGE AL	DRESS (UR	L)						
(Check is change	f address ed)	سيا							
2. DATE 0	77 7	20	14						
3. FEC IDENTIF	EICATION 1	NUMBER	C						
4. IS THIS STAT	EMENT	NEW ((N) OI	R [AMENDED (A)			
I certify that I have	examined	this Statemer	nt and to the	best of my	knowledge and beli	ef it is true, c	orrect and	t complete.	
Type or Print Nam	e of Treasu	Chr	is Patte	on				·	
Signature of Treas	urer	Œ	: Val			Date	67	67	00.14
NOTE: Submission	of false, erro				bject the person sign			penalties o	f 2 U.S.C. §437g.
Office Use					For further Informati Federal Election Com			FEC F	ORM 1

TYPE OF COMMITTEE				
Candidate Committee:				
(a) This committee is a principal campaign committee. (Complete the candidate information below.)				
This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candidate				
Candidate Office State Party Affiliation Sought: House Senate President Oistrict				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate				
Party Committee:				
(d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Party				
Political Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) its connected organization is				
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 Lobbytst/Registrant PAC.				
in addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fundraising 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.				
Committees Participating in Joint Fundraiser				
1. ALISON FOR KENTUCKY FEC ID number C 00547083				
2. KENTUCKY STATE DEMOCRATIC CENTRAL EXECUTIVE COMMITTEE FEC ID number C 00011197				
3. FEC ID number				
4.				

Write or Type Committee Name			
KENTUCKIANS	UNITED VICTORY FL	JND	
3. Name of Any Connected (Organization, Affiliated Committee, Joint F	undraising Representative, or	Leadership PAC Sponsor
NONE	1111111111		
Mailing Address			
	CITY	STATE	ZIP CODE
	5.11	JIME	ZIF OODE
Relationship: Connecte	ed Organization Affiliated Committee	Joint Fundralsing Representativ	Leadership PAC Sponsor
7. Custodian of Records: Ide books and records.	entify by name, address (phone number - o	otional) and position of the per	son in possession of committee
Full Name CHR	IS PATTON		
Mailing Address	PO BOX 9		
	 		
	LEXINGTON,	KY	40588
Title or Position	СПҮ	STATE	ZIP CODE
TREASURER		Telephone number	لــــا-لـــا
Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the assistant treasurer).	e treasurer of the committee; a	and the name and address of
Full Name of Treasurer	IS PATTON	<u></u>	
Mailing Address	PO BOX 9		
	LEVINOTO		
	LEXINGTON	KY	40588
Title or Position	····	STATE Telephone number	ZIP CODE

FEC Fort	rm 1 (Revised 02/2009) Page 4	
Full Name of Designated Agent		_ _
Mailing Address	s	لد
		لـــ
	CITY STATE ZIP CODE	لــا
Title or Position		لـــا
	er Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents boxes or maintains funds.	
Name of Bank,	t, Depository, etc.	
	TRADITIONAL BANK	لــــ
Mailing Address	163 WEST SHORT STREET	لـــــ
		لـــا
	LEXINGTON KY 40507	لـــا
	CITY STATE ZIP CODE	
Name of Bank,	k, Depository, etc.	
	<u> </u>	. 1
Mailing Addres	ss [
	'CITY STATE ZIP CODE	

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.				
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USPS First Class Mail	Postmarked			
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Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Business				
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			
	7/9/14			
PREPARER (8/2013)	DATE PREPARED			