Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Houchens Industries, Inc. Political Action Committee - Houchens PAC PO Box 22243 ADDRESS (number and street) (Check if address is changed) Louisville 40252 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS llarue.ky@gmail.com (Check if address is changed) Optional Second E-Mail Address kaylee@runswitchpr.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 10 2021 C00792549 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. Coleman, Patrick, , Mr., Type or Print Name of Treasurer Coleman, Patrick, , Mr., [Electronically Filed] 2023 Signature of Treasurer Date 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

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the car	ndidate information below.)
(b) This committee is an authorized committee, and is NOT a principal c information below.)	campaign committee. (Complete the candidate
Name of Candidate '', '', '', ', ', ', ', ', ', ', ', ',	
Candidate Office Party Affiliation Sought: House	Senate President District
(c) This committee supports/opposes only one candidate, and is NOT ar	n authorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, ne Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected or	ganization on line 6.) Its connected organization is a:
Corporation Corporation w/o Capit	tal 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, committee. (i.e., nonconnected committee)	and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sp	ponsor on line 6.)
(g) This committee is an independent expenditure-only political committee	e (Super PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and not	n-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and committees/organizations, at least one of which is an authorized committee.	·
(j) This committee collects contributions, pays fundraising expenses and committees/organizations, none of which is an authorized committee	·
Committees Participating in Joint Fundraiser	
1.	C
	C

Title or Position ▼

VP of Finance

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•	FEC Form 1 (Revised (2/2009)	Page 3
٧	Vrite or Type Committee Name		
	Houchens Indu	stries, Inc. Political Action Committee -	Houchens PAC
6.	-	ganization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
	Houchens Industries	, Inc.	
	Mailing Address	700 Church Street	
		Bowling Green KY	42101
		CITY ▲ STATE ▲	ZIP CODE ▲
	Deletionahin. M Conserted		
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Representation	tive Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number optional) and position of the persor	n in possession of committee
	LaRue, La	ra	
	Full Name	1	
	Mailing Adalman	9300 Shelbyville Road	
	Mailing Address	Suite 1005	
		Louisville	40222
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Account Manager	Telephone number	270 401 2500
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee;	and the name and address of
	Full Name Coleman, I	atrick, , Mr.,	
		1700 Church Street	
	Mailing Address		
		Bowling Green KY	42101
		CITY ▲ STATE ▲	ZIP CODE ▲

Telephone number

2369

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	LaRue, Laura, , ,		
Mailing Address	9300 Shelbyville Road, Ste. 1005		
	Louisville	KY 40	0222
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Consultant		elephone number	_ 401 2500
	Depositories: List all banks or other depositories in which ses or maintains funds.	the committee deposits funds,	holds accounts, rents
Name of Bank, D	epository, etc.		
	Central Bank & Trust Co.		
Mailing Address	9300 Shelbyville Road		
	Suite 100		
	Louisville	KY 40	222
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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h). Joint Fundraising	Participant:		
1.		FEC ID numb	er C
2.		FEC ID numb	er C
3		FEC ID numb	er C
4		FEC ID numb	er C
ame of Any Connected O	rganization, Affiliated Committee, Joint F	undraising Represent	ative, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE	ZIP CODE ▲
	y name, address (phone number – optiona	Joint Fundraising Repres	sentative Leadership PAC S
esignated Agent: Identify be Price, Kayle Full Name	y name, address (phone number – optiona		Sentative Leadership PAC S
esignated Agent: Identify b	y name, address (phone number – optiona ee, , ,		Sentative Leadership PAC S
esignated Agent: Identify be Price, Kayle Full Name	py name, address (phone number – optionale, , , , , , , , , , , , , , , , , , ,	al)	
esignated Agent: Identify be Price, Kayle Full Name	py name, address (phone number – optionalee, , , 9300 Shelbyville Road, Ste. 1005 Louisville	al)	40222
esignated Agent: Identify be Price, Kayle Full Name Mailing Address	py name, address (phone number – optional ee, , , , 9300 Shelbyville Road, Ste. 1005 Louisville	al)	40222 Δ ZIP CODE Δ
esignated Agent: Identify be Price, Kayle Full Name	py name, address (phone number – optional ee, , , , 9300 Shelbyville Road, Ste. 1005 Louisville	al)	40222
Price, Kayle Full Name Mailing Address TITLE OR POSITION Consultant Consultant defety deposit boxes or main ame of Bank,	y name, address (phone number – optional pe, , , , , , , , , , , , , , , , , , ,	KY STATE	40222 ZIP CODE A 832 878 29
Price, Kayle Full Name Mailing Address TITLE OR POSITION Consultant Consultant defety deposit boxes or main ame of Bank,	y name, address (phone number – optional pe, , , , , , , , , , , , , , , , , , ,	KY STATE	40222 ZIP CODE A 832 878 29
Price, Kayle Full Name Mailing Address TITLE OR POSITION Consultant Anks or Other Depositorie afety deposit boxes or main ame of Bank, epository, etc.	y name, address (phone number – optional pe, , , , , , , , , , , , , , , , , , ,	KY STATE	40222 ZIP CODE A 832 878 29
Price, Kayle Full Name Mailing Address TITLE OR POSITION Consultant Anks or Other Depositorie afety deposit boxes or main ame of Bank, epository, etc.	y name, address (phone number – optional pe, , , , , , , , , , , , , , , , , , ,	KY STATE	40222 ZIP CODE A 832 878 29