(Revised 06/2012)

Only

STATEMENT OF

PAGE 1 / 4 =

FORM 1		0	RGANI	ZATI	ON										
1. NAME OF			Check if name	Exa	ample:If typ	oing, type		100	D 4 M	_	ffice U	lse On	у		
COMMITTEE (in	full)		s changed)		er the lines			L∠F.	E4M	5					
Fixing Things	8														
ADDRESS (number an	d street)	1182 Par	adise Acres Ro	ad 											
(Check if address is changed)					1 1 1	1 1 1		l l	1 1	1 1	ı	I I	1 1	1 1	
is changed)	Falls of F	Rough				ı	KY	1	40	119	1 1	1-1		
		CI	TY▲					STATE	_			ZII	- CC	DE 🛦	
COMMITTEE'S E-MA	IL ADDRES	SS													
Check if address is changed)		hanklind	lerman@mac.c	om	1 1 1		1 1	l I		1 1	I		1 1	1 '	
		Optional	Second E-Mai	l Address											
		hanklinde	rman@mac.com												
COMMITTEE'S WEB (Check if a is changed)	ddress	RESS (UI	RL)												
2. DATE 11	M / D 27	D / Y	y y y 2023												
3. FEC IDENTIFIC	ATION NU	MBER ▶	. C	C008580	76										
4. IS THIS STATEM	IENT	NEW	(N) OF	?	< AME	NDED (A))								
I certify that I have ex	xamined thi	s Stateme	nt and to the I	best of my	knowledge	and belie	ef it is	true,	correc	ct and	d com	plete			
Type or Print Name o	f Treasurer	Linderm	an, Hank, , ,												
Signature of Treasure	r L <u>inder</u>	man, Hank	, , ,				Da	ate	0	7		12	/ Y	2024	1 Y
NOTE: Submission of f	alse, errone		omplete informa ANGE IN INFOR								pena	ılties o	of 52	U.S.C.	§30109
Office Use						r informatio		ict:				C F			

Toll Free 800-424-9530

Local 202-694-1100

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TYPE OF COMMITTEE:						
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. (Complete information below.)	the candidate					
Name of Candidate						
Candidate Office Party Affiliation Sought: House Senate President	State					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District					
Name of Candidate						
Party Committee:						
(d) This committee is a (National, State or subordinate) committee of the Republication	atic, an, etc.) Party					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:					
Corporation Corporation w/o Capital Stock Labor	Organization					
Membership Organization Trade Association Coope	erative					
In addition, this committee is a Lobbyist/Registrant PAC.						
(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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.)						
(g) This committee is an independent expenditure-only political committee (Super PAC).						
In addition, this committee is a Lobbyist/Registrant PAC.						
(h) This committee is a political committee with both contribution and non-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 disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political					
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 C						

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	FEC Form 1 (Revised 0.	2/2009)	Page 3
٧	Vrite or Type Committee Name		
	Fixing Things		
3.	Name of Any Connected On LINDERMAN, HANK	ganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
	Mailing Address	1182 PARADISE ACRES ROAD	
		FALLS OF ROUGH KY 40119	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative X L	eadership PAC Sponson
	_		
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in possession	on of committee
	Linderman,	Hank	
	Full Name		
	Mailing Address	1182 Paradise Acres Road	
		I	1
		Falls of Rough KY 40119	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records		925 9498
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the naissistant treasurer).	me and address of
	Full Name Linderman,	Hank, , ,	1
	of Treasurer	1100 D. II. A. D. I.	
	Mailing Address	1182 Paradise Acres Road	
		Falls of Rough KY 40119	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
		Telephone number	925

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Full Name of Designated Agent	Pile, Hildegarde, , Ms,						
Mailing Address	158 Hwy 3100						
	Hudson KY 4	10145 					
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲					
Time of Mosition ▼	502	528 5989					
	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.							
rame or bank, De							
l	Peoples						
Mailing Address	201 East Main St						
	Horse Cave KY 42	2749					
	CITY ▲ STATE ▲	ZIP CODE ▲					
Name of Bank, De	epository, etc.						
ı		, , , , , , , , , , , , , , , , , , ,					
Mailing Address							
-							
	CITY ▲ STATE ▲	ZIP CODE ▲					