Only

### STATEMENT OF ORGANIZATION

PAGE 1 / 8 =

FORM 1		O	ngan	IZAI IV	JIN									
									Off	ice Use	Only			_
1. NAME OF COMMITTEE (in	n full)		Check if names changed)		mple: If typing, r the lines.	type	12F	E4M	5					
REPUBLICA	N PAR	TY OF	KENTU	JCKY		1 1 1	1 1		1 1	1 1		1 1	1 1	ı
											1 1			
ADDRESS (number a	nd street)	PO BOX	1068											_
(Check if a	address			1 1 1 1			1 1	1 1	1 1	1 1	1 1	1 1	1 1	
is changed	1)	FRANKF	ORT TY 🛦				KY	_ E ▲	4060	02	ZIP C	CODE 4	\	_
COMMITTEE'S E-MA	AIL ADDRES	SS												
(Check if a is changed		cathy@r	pk.org											
			Second E-Ma @gmail.com	ail Address										
COMMITTEE'S WEB  (Check if a is changed	address	ORESS (UF	•											
2. DATE 0		D / Y	y y y y 2022											
3. FEC IDENTIFIC	CATION NU	MBER ▶		C001568 <sup>2</sup>	0									
4. IS THIS STATEM	MENT	NEW	(N) <b>O</b>	R >	AMENDE	ED (A)								
I certify that I have e	examined thi	is Stateme	nt and to the	best of my	knowledge and	l belief it i	s true,	correc	t and	compl	ete.			_
Type or Print Name	of Treasurer	Bell, Cat	herine, D, ,											
Signature of Treasure	er Bell, C	Catherine, D	ļ, ,				Date	M 04	1 /	03	D /	202		
NOTE: Submission of	false, errone			-	bject the person					oenalti	es of 5	2 U.S.0	C. §30	09.
Office Use					For further info	Commission					FOF			_ I

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	n below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	ee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized comm	mittee.
Name of Candidate	
Party Committee:	
(d) X This committee is a STA (National, State or subordinate) committee of the	(Democratic, 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 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 ser committee. (i.e., nonconnected committee)	parate 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.)	
(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 acc	ounts (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 procommittees/organizations, at least one of which is an authorized committee of a federal	-
This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candi	-
Committees Participating in Joint Fundraiser	
1	C

	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>	
V	Vrite or Type Committee Name		i ago <b>o</b>	
		ARTY OF KENTUCKY		
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Spons	or
	ANDY BARR VICTO	RY COMMITTEE		. 1
	Mailing Address	332 W LEE HWY		
		#303		ı
		WARRENTON	VA , , 20186	
		CITY ▲ ST	TATE ▲ ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Re	Representative Leadership PAC S	3pons
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of th	he person in possession of committee	
	Bell, Cathe	rine, D, ,		
	Full Name			
	Mailing Address	PO Box 1068		
		Frankfort	I/V 40602	
		Plaikioit	KY 40602	
		CITY ▲ ST	TATE ▲ ZIP CODE ▲	
	Title or Position ▼			
	Treasurer	Telephone numbe	er 502 – 875 – 513	<b>30</b>
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the consistant treasurer).	ommittee; and the name and address	of
	Full Name Bell, Cathe	rine, D, ,		
	of Treasurer			
	Mailing Address	PO Box 1068		
		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		I
		Frankfort	KY   40602	
		CITY ▲ Sī	TATE ▲ ZIP CODE ▲	
	Title or Position ▼	OII = 3	ZIF GODE A	
	Treasurer	Telephone numbe	er 502 - 875 - 513	30

FEC <b>For</b> n	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Addres	ss Lilinininininininininininininininininini	
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position	on ▼	
	Telephone number	
	er Depositories: List all banks or other depositories in which the committee deposits fund boxes or maintains funds.	ds, holds accounts, rents
Name of Bank	, Depository, etc.	
	Century Bank	
Mailing Addres	s 201 W Woodford	
	Lawrenceburg KY	40342
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank	, Depository, etc.	
	Chain Bridge Bank	
Mailing Addres	s 1455 A Laughlin Ave	
	McLean VA	22101
	CITY ▲ STATE ▲	ZIP CODE ▲

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

Page \_\_\_ **of** 8\_\_\_

h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address	C/O RED CURVE SOLUTIONS		
Ç	138 CONANT STREET, 2ND FLOOR		
	BEVERLY	MA MA	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected		Fundraising Representa	ative Leadership PAC Sp
Connected esignated Agent: Identify Full Name	d Organization		ative Leadership PAC Sp
Connected esignated Agent: Identify	d Organization		ative Leadership PAC Sp
Connected esignated Agent: Identify Full Name	d Organization		ative Leadership PAC Sp
Connected esignated Agent: Identify Full Name	d Organization		ative Leadership PAC Sp
Connected esignated Agent: Identify Full Name	Affiliated Committee X Joint by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	Affiliated Committee X Joint by name, address (phone number – optional)  CITY	Fundraising Representation	
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION	Affiliated Committee X Joint by name, address (phone number – optional)  CITY   CITY   Te  ries: List all banks or other depositories in which sintains funds.	Fundraising Representation	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or mail ame of Bank, epository, etc.	Affiliated Committee X Joint by name, address (phone number – optional)  CITY   CITY   Tes: List all banks or other depositories in which aintains funds.  Bank	Fundraising Representation	ZIP CODE A

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

Page	of <sup>8</sup>
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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
TEAM RAND			
Mailing Address	PO BOX 190		
	NEWPORT	KY KY	41072
	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Spo
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi	ed Organization Affiliated Committee X Jo		
esignated Agent: Identi	Affiliated Committee X Jo	int Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X Jo  fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of the control	Affiliated Committee	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee	STATE A Telephone Number	ZIP CODE A

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

Page \_\_\_ **of** 8\_\_\_

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID numb	ber C
2.		FEC ID numb	ber C
3.		FEC ID numb	ber C
4.		FEC ID numb	ber C
Name of Any Connected	l Organization, Affiliated Committee, Joint	Fundraising Represent	tative, or Leadership PAC Spons
NKSC VICTORT			
Mailing Address	228 S WASHINGTON ST		
	STE 115		
	ALEXANDRIA		A   22314 
	CITY A	STAT	E ▲ ZIP CODE ▲
		Solution Fundraising Representation	esentative Leadership PAC Sp
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee	Solution Fundraising Representation	esentative Leadership PAC Sp
Connecte  Connecte  Connecte  Connecte  Connecte  Connecte	ed Organization Affiliated Committee	Solution Fundraising Representation	esentative Leadership PAC Sp
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee	Solution Fundraising Representation	Leadership PAC Sp
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee  fy by name, address (phone number – optio	Joint Fundraising Repre	
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee  fy by name, address (phone number – optio	Solution Fundraising Representation	
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee  fy by name, address (phone number – optio	Joint Fundraising Repre	▲ ZIP CODE ▲
Connecte  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee  fy by name, address (phone number – option  CITY   CITY   ories: List all banks or other depositories in maintains funds.	STATE Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	Affiliated Committee  fy by name, address (phone number – option  CITY   CITY   ories: List all banks or other depositories in maintains funds.	STATE Telephone Number	ZIP CODE A

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

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h). <b>Joint Fundrais</b>	ng rantoipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
TRUMP 47 COMMI	EE 		
Mailing Address	P.O. BOX 509		
Mailing Address			
	ARLINGTON		22216
		VA	22216
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Join ify by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident	ify by name, address (phone number – optional)	st Fundraising Represent	
esignated Agent: Ident  Full Name  Mailing Address	ify by name, address (phone number – optional)  Line City ▲		
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITIO	ify by name, address (phone number – optional)  CITY   T	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITIO	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of the content of the	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of Bank,	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the deposite boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which	STATE A	ZIP CODE A