

For help completing Form 1, please double-click the

icon next to each line number.

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

RECEIVED  
2014 OCT 27 PM 12:10  
FEDERAL ELECTION COMMISSION  
OFFICE OF THE CLERK

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Puccetti for US Congress

ADDRESS (number and street)

7204 Ben Franklin Court



(Check if address  
is changed)

Louisville

KY

40214

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)



(Check if address  
is changed)

gp.puccetti@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address  
is changed)

https://sites.google.com/site/puccettig/

2. DATE 10<sup>M</sup> / 14<sup>D</sup> / 2014<sup>Y</sup>

3. FEC IDENTIFICATION NUMBER

C

4. 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.

Type or Print Name of Treasurer

Gregory P. Puccetti

Signature of Treasurer

*Gregory P. Puccetti*

Date

10<sup>M</sup> / 21<sup>D</sup> / 2014<sup>Y</sup>

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  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 02/2009)

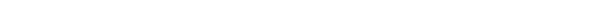
**Candidate Committee:**

- Name of Candidate \_\_\_\_\_

3

- Name of Candidate \_\_\_\_\_

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

1.  FEC ID number C
2.  FEC ID number C
3.  FEC ID number C
4.  FEC ID number C

Write or Type Committee Name

**Puccetti for US Congress****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Gregory P Puccetti

Mailing Address

7204 Ben Franklin Court

Louisville

KY

40214

Title or Position

CITY

STATE

ZIP CODE

Telephone number

502 - 271 - 796

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name  
of Treasurer

Gregory P Puccetti

Mailing Address

7204 Ben Franklin Court

Louisville

KY

40214

Title or Position

CITY

STATE

ZIP CODE

Telephone number

502 - 271 - 0796

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

Telephone number

9. **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.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.



UNITED STATES POSTAL SERVICE

Flat Rate Envelope

Apply Priority Mail Postage Here

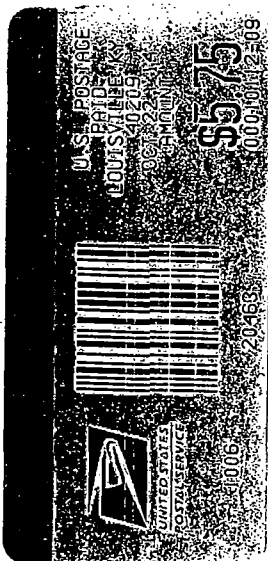


USPS TRACKING #



9114 9012 3080 3772 1834 52

Label 400 Jan. 2013  
7690-16-000-7948



RECEIVED  
OCT 27 PM 12:10  
FEC MAIL CENTER

EP14H JAN 2011 Outer Dimension: 10 x 5

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.

|                                                                            |                               |
|----------------------------------------------------------------------------|-------------------------------|
| <input type="checkbox"/> Hand Delivered                                    | Date of Receipt               |
| <input type="checkbox"/> USPS First Class Mail                             | Postmarked                    |
| <input type="checkbox"/> USPS Registered/Certified                         | Postmarked (R/C)              |
| <input checked="" type="checkbox"/> USPS Priority Mail                     | Postmarked<br>10/22/14        |
| <input type="checkbox"/> USPS Priority Mail Express                        | Postmarked                    |
| <input type="checkbox"/> Postmark Illegible                                |                               |
| <input type="checkbox"/> No Postmark                                       |                               |
| <input type="checkbox"/> Overnight Delivery Service (Specify):             | Shipping Date                 |
| Next Business Day Delivery <input type="checkbox"/>                        |                               |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt               |
| <input type="checkbox"/> Received from Senate Public Records Office        | Date of Receipt               |
| <input type="checkbox"/> Received from Electronic Filing Office            | Date of Receipt               |
| <input type="checkbox"/> Other (Specify):                                  | Date of Receipt or Postmarked |

  
PREPARER

10/27/14  
DATE PREPARED