

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.

12FE4M5

MATT JONES FOR KENTUCKY EXPLORATORY COMMITTEE

ADDRESS (number and street)

P.O. BOX 4514

Check if different than previously reported. (ACC)

LOUISVILLE

KY

40204

CITY

STATE

ZIP CODE

2. **FEC IDENTIFICATION NUMBER**

C C00718908

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE DISTRICT

KY

00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2019

through

M M /

D D /

Y Y Y Y 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Jefferson, Andrew, , ,

Type or Print Name of Treasurer

Jefferson, Andrew, , ,

Signature of Treasurer

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**MATT JONES FOR KENTUCKY EXPLORATORY COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	9702.53	9702.53
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9702.53	9702.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	9702.53	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**MATT JONES FOR KENTUCKY EXPLORATORY COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	9702.53	9702.53
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	9702.53	9702.53
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	9702.53	9702.53

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9702.53	9702.53
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	9702.53	9702.53

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9702.53
25. SUBTOTAL (add Line 23 and Line 24).....	9702.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9702.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 5 OF 9
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MATT JONES FOR KENTUCKY EXPLORATORY COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**JONES, MATT, , ,**

Mailing Address P.O. BOX 4514

City LOUISVILLE	State KY	Zip Code 40204
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FEC ID number of contributing federal political committee. **C** S0KY00370

Name of Employer iHeart Radio/Self-Employed	Occupation Radio Personality
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Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 01 / 2019

**Transaction ID : SA13A.4099**

Amount of Each Receipt this Period  
9000.00

Memo Item  
Candidate Loan

**B.** Full Name (Last, First, Middle Initial)  
**JONES, MATT, , ,**

Mailing Address P.O. BOX 4514

City LOUISVILLE	State KY	Zip Code 40204
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FEC ID number of contributing federal political committee. **C** S0KY00370

Name of Employer iHeart Radio/Self-Employed	Occupation Radio Personality
--	---------------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9338.30

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 11 / 2019

**Transaction ID : SA13A.4102**

Amount of Each Receipt this Period  
338.30

Memo Item  
Candidate Loan

**C.** Full Name (Last, First, Middle Initial)  
**JONES, MATT, , ,**

Mailing Address P.O. BOX 4514

City LOUISVILLE	State KY	Zip Code 40204
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FEC ID number of contributing federal political committee. **C** S0KY00370

Name of Employer iHeart Radio/Self-Employed	Occupation Radio Personality
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Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9702.53

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 19 / 2019

**Transaction ID : SA13A.4103**

Amount of Each Receipt this Period  
364.23

Memo Item  
Candidate Loan

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	9702.53
<b>TOTAL</b> This Period (last page this line number only)..... ▶	9702.53

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MATT JONES FOR KENTUCKY EXPLORATORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Priceline</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2019		
Mailing Address 800 Connecticut Avenue			FEC Identification Number C		
City Norwalk	State CT	Zip Code 06854	Amount of Each Disbursement this Period 338.30		
Purpose of Disbursement Travel		Category/ Type	Transaction ID : SB17.4105		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Priceline</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2019		
Mailing Address 800 Connecticut Avenue			FEC Identification Number C		
City Norwalk	State CT	Zip Code 06854	Amount of Each Disbursement this Period 364.23		
Purpose of Disbursement Travel		Category/ Type	Transaction ID : SB17.4106		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Spiros Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2019		
Mailing Address 1735 New Hampshire Ave NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20009	Amount of Each Disbursement this Period 9000.00		
Purpose of Disbursement Research Services		Category/ Type	Transaction ID : SB17.4101		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9702.53
<b>TOTAL</b> This Period (last page this line number only).....▶	9702.53

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4099  
**MATT JONES FOR KENTUCKY EXPLORATORY COMMITTEE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item JONES, MATT, , ,		Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 4514		
City LOUISVILLE	State KY	ZIP Code 40204
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 9000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 9000.00
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<b>TERMS</b>	Date Incurred M 09 / D 01 / Y 2019	Date Due M M / D D / Y none	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____	
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____	
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____	

<b>SUBTOTALS</b> This Period This Page (optional).....▶	9000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	_____

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4102  
**MATT JONES FOR KENTUCKY EXPLORATORY COMMITTEE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
JONES, MATT, , ,		
Mailing Address P.O. BOX 4514		
City LOUISVILLE	State KY	ZIP Code 40204
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: right;">338.30</div>	Cumulative Payment To Date <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: right;">338.30</div>
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<b>TERMS</b>	Date Incurred M 09 / D 11 / Y 2019	Date Due M M / D D / Y none	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">338.30</div>
<b>TOTALS</b> This Period (last page in this line only).....▶	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**



**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **MATT JONES FOR KENTUCKY EXPLORATORY COMMITTEE** Transaction ID : **SC/10.4103**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JONES, MATT, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 4514			
City LOUISVILLE	State KY	ZIP Code 40204	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 364.23	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 364.23
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<b>TERMS</b>	Date Incurred M 09 / D 19 / Y 2019 Y	Date Due M M / D D / Y none Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	364.23
<b>TOTALS</b> This Period (last page in this line only).....▶	9702.53

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.