

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**KENTUCKIANS FOR STRONG LEADERSHIP**

ADDRESS (number and street) P.O. BOX 7895  
Check if different than previously reported. (ACC) LOUISVILLE KY 40257

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00543256 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] through [MM] / [DD] / [YYYY]  
07 / 01 / 2016 through 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Adams, Michael, G., ,  
Type or Print Name of Treasurer

Signature of Treasurer Adams, Michael, G., , [Electronically Filed] Date 10 / 15 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**KENTUCKIANS FOR STRONG LEADERSHIP**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		522890.39
(b) Cash on Hand at Beginning of Reporting Period.....	555769.67	
(c) Total Receipts (from Line 19) .....	1128570.00	1471924.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1684339.67	1994814.49
7. Total Disbursements (from Line 31).....	616520.48	926995.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1067819.19	1067819.19
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) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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

Write or Type Committee Name

KENTUCKIANS FOR STRONG LEADERSHIP

Report Covering the Period: From: 07 / 01 / 2016 To: 09 / 30 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	656000.00	956000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	656000.00	956000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	472570.00	512570.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1128570.00	1468570.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	3354.10
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1128570.00	1471924.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1128570.00	1471924.10

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	271359.17	373442.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	271359.17	373442.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	215004.33	215004.33
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	130156.98	338548.26
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	616520.48	926995.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	616520.48	926995.30

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1128570.00	1468570.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1128570.00	1468570.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	271359.17	373442.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3354.10
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	271359.17	370088.61

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**KENTUCKIANS FOR STRONG LEADERSHIP**

**A. Carewise Health Holdings, Inc.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9200 Shelbyville Rd.  
 Suite 700  
 City Louisville State KY Zip Code 40222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 08 / 30 / 2016  
**Transaction ID : SA11AI.4385**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**B. Churchill Insurance Association Inc.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 23790  
 City Louisville State KY Zip Code 40223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 30000.00

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.4394**  
 Amount of Each Receipt this Period 30000.00  
 Memo Item

**C. Diamond Game Enterprises**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9340 Penfield Ave.  
 City Chatsworth State CA Zip Code 91311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.4396**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	56000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**KENTUCKIANS FOR STRONG LEADERSHIP**

**A. Forcht, Terry, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 Scenic View Dr.  
 City Corbin State KY Zip Code 40701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Forcht Group Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 09 / 20 / 2016  
**Transaction ID : SA11AI.4395**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**B. Hagan, J., Scott, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12949 Shelbyville Rd Suite 101  
 City Louisville State KY Zip Code 40243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 08 / 18 / 2016  
**Transaction ID : SA11AI.4383**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**C. JAMES A PATTERSON REV. TRUST ACCOUNT**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 FIFTH ST. STE 100  
 City WEST PALM BEACH State FL Zip Code 33401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.4397**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**KENTUCKIANS FOR STRONG LEADERSHIP**

**A. JWC III Revocable Trust**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1717 S. Boulder Ave.  
Suite 400

City Tulsa State OK Zip Code 74119

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2016

**Transaction ID : SA11AI.4375**

Amount of Each Receipt this Period  
100000.00

Memo Item

**B. NTS DEVELOPMENT CO.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 N. Hurstborne Pkwy.  
Suite 300

City Louisville State KY Zip Code 40222

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150000.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2016

**Transaction ID : SA11AI.4372**

Amount of Each Receipt this Period  
100000.00

Memo Item

**C. Uinlein, Richard, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1396 N. Waukegan Rd.

City Lake Froest State IL Zip Code 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
Owner U-Line

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
150000.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2016

**Transaction ID : SA11AI.4414**

Amount of Each Receipt this Period  
150000.00

Memo Item  
Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**KENTUCKIANS FOR STRONG LEADERSHIP**

**A. William P. Butler Revocable Trust**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E. River Center Blvd.

City Covington	State KY	Zip Code 41011
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		19		2016

**Transaction ID : SA11AI.4388**

Amount of Each Receipt this Period  
50000.00

Memo Item

**B. Yass, Jeff, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 401 E. City Ave  
Suite 220

City Bala Cynwyd	State PA	Zip Code 19004
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SIG	Occupation (for Individual) trader
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		23		2016

**Transaction ID : SA11AI.4415**

Amount of Each Receipt this Period  
100000.00

Memo Item  
Contribution

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150000.00
<b>TOTAL</b> This Period (last page this line number only).....	656000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**KENTUCKIANS FOR STRONG LEADERSHIP**

**A. BLUEGRASS COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 228 S. WASHINGTON ST., STE. 115

City ALEXANDRIA	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C** C00235655

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11C.4452**

Amount of Each Receipt this Period  
150000.00

Memo Item Contribution

**B. Republican State Leadership Committee**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 F Street NW

City Washington	State DC	Zip Code 20004
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11C.4387**

Amount of Each Receipt this Period  
25000.00

Memo Item

**C. Republican State Leadership Committee**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 F Street NW

City Washington	State DC	Zip Code 20004
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
75000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

**Transaction ID : SA11C.4389**

Amount of Each Receipt this Period  
50000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**KENTUCKIANS FOR STRONG LEADERSHIP**

**A. The Republican Party of Kentucky**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 West Third Street

City Frankfort	State KY	Zip Code 40601
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
124000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2016

**Transaction ID : SA11C.4463**

Amount of Each Receipt this Period  
84000.00

Memo Item  
In-kind - Non-Federal research

**B. The Republican Party of Kentucky**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 West Third Street

City Frankfort	State KY	Zip Code 40601
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
244000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2016

**Transaction ID : SA11C.4418**

Amount of Each Receipt this Period  
120000.00

Memo Item  
Non-Federal In-kind - Polling

**C. The Republican Party of Kentucky**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 West Third Street

City Frankfort	State KY	Zip Code 40601
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
287570.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2016

**Transaction ID : SA11C.4420**

Amount of Each Receipt this Period  
43570.00

Memo Item  
Non-Federal In-kind - Polling

<b>SUBTOTAL</b> of Receipts This Page (optional).....	247570.00
<b>TOTAL</b> This Period (last page this line number only).....	472570.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**KENTUCKIANS FOR STRONG LEADERSHIP**

Full Name (Last, First, Middle Initial)

**A. Chalmers Pak Burch & Adams LLC**

Mailing Address 75 14th Street NE, Ste. 2725

City Atlanta State GA Zip Code 30309

Purpose of Disbursement  
Legal services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.4424**  
Amount of Each Disbursement this Period  
2668.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. Chalmers Pak Burch & Adams LLC**

Mailing Address 75 14th Street NE, Ste. 2725

City Atlanta State GA Zip Code 30309

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.4457**  
Amount of Each Disbursement this Period  
909.42

Memo Item

Full Name (Last, First, Middle Initial)

**C. Chalmers Pak Burch & Adams LLC**

Mailing Address 75 14th Street NE, Ste. 2725

City Atlanta State GA Zip Code 30309

Purpose of Disbursement  
Legal services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.4428**  
Amount of Each Disbursement this Period  
1337.17

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4915.34

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**KENTUCKIANS FOR STRONG LEADERSHIP**

Full Name (Last, First, Middle Initial)

**A. Chalmers Pak Burch & Adams LLC**

Mailing Address 75 14th Street NE, Ste. 2725

City Atlanta State GA Zip Code 30309

Purpose of Disbursement  
Legal services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.4431**  
Amount of Each Disbursement this Period  
2865.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CT Corporation**

Mailing Address PO Box 4349

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement  
Registered agent fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.4448**  
Amount of Each Disbursement this Period  
281.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. GRAETER, MEGAN, , ,**

Mailing Address 7911 TOLLS LANE

City LOUISVILLE State KY Zip Code 40214

Purpose of Disbursement  
Administrative services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.4425**  
Amount of Each Disbursement this Period  
100.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3246.20

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**KENTUCKIANS FOR STRONG LEADERSHIP**

Full Name (Last, First, Middle Initial)

**A. JAMESTOWN ASSOCIATES**

Mailing Address 116 Craig Road

City Manalapan State NJ Zip Code 07726

Purpose of Disbursement Shipping reimbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.4445**  
 Amount of Each Disbursement this Period  
 420.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MERE LLC**

Mailing Address 2616 Pierce Ave.

City AMES State IA Zip Code 50010

Purpose of Disbursement Web hosting

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.4422**  
 Amount of Each Disbursement this Period  
 50.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MERE LLC**

Mailing Address 2616 Pierce Ave.

City AMES State IA Zip Code 50010

Purpose of Disbursement Web hosting

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.4426**  
 Amount of Each Disbursement this Period  
 50.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

520.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**KENTUCKIANS FOR STRONG LEADERSHIP**

Full Name (Last, First, Middle Initial)

**A. MERE LLC**

Mailing Address 2616 Pierce Ave.

City AMES State IA Zip Code 50010

Purpose of Disbursement  
Web hosting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2016

FEC Identification Number

C

Transaction ID : SB21B.4429

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Rally.org**

Mailing Address 995 Market St.  
2nd Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement  
Credit card processing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C

Transaction ID : SB21B.4435

Amount of Each Disbursement this Period

2370.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. RUNSWITCH LLC**

Mailing Address 9300 Shelbyville Rd.  
Suite 1005

City Louisville State KY Zip Code 40222

Purpose of Disbursement  
Political consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2016

FEC Identification Number

C

Transaction ID : SB21B.4423

Amount of Each Disbursement this Period

2510.33

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4930.63

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**KENTUCKIANS FOR STRONG LEADERSHIP**

Full Name (Last, First, Middle Initial) <b>A. RUNSWITCH LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2016
Mailing Address 9300 Shelbyville Rd. Suite 1005		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4427</b> Amount of Each Disbursement this Period 5000.00
City Louisville	State KY	Zip Code 40222
Purpose of Disbursement Political consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. RUNSWITCH LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016
Mailing Address 9300 Shelbyville Rd. Suite 1005		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4430</b> Amount of Each Disbursement this Period 5017.00
City Louisville	State KY	Zip Code 40222
Purpose of Disbursement Political consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. The Republican Party of Kentucky</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016
Mailing Address 105 West Third Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4464</b> Amount of Each Disbursement this Period 84000.00
City Frankfort	State KY	Zip Code 40601
Purpose of Disbursement In-kind - Non-Federal research		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	94017.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**KENTUCKIANS FOR STRONG LEADERSHIP**

Full Name (Last, First, Middle Initial)

**A. The Republican Party of Kentucky**

Mailing Address 105 West Third Street

City Frankfort State KY Zip Code 40601

Purpose of Disbursement  
Non-Federal In-kind - Polling

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.4419**  
Amount of Each Disbursement this Period  
120000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. The Republican Party of Kentucky**

Mailing Address 105 West Third Street

City Frankfort State KY Zip Code 40601

Purpose of Disbursement  
Non-Federal In-kind - Polling

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.4421**  
Amount of Each Disbursement this Period  
43570.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

163570.00  
271199.17

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**KENTUCKIANS FOR STRONG LEADERSHIP**

Full Name (Last, First, Middle Initial)  
**A. Connection Strategy, LLC**

Mailing Address PO Box 2192

City Arlington State VA Zip Code 22202

Purpose of Disbursement Non-Federal phone calls

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 28 / 2016

FEC Identification Number: C  
Transaction ID : **SB29.4438**  
Amount of Each Disbursement this Period: 5939.82

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Grit Creative LLC**

Mailing Address 324 Capital Ave.

City Frankfort State KY Zip Code 40601

Purpose of Disbursement Non-federal Medial Buys

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 28 / 2016

FEC Identification Number: C  
Transaction ID : **SB29.4461**  
Amount of Each Disbursement this Period: 25491.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Grit Creative LLC**

Mailing Address 324 Capital Ave.

City Frankfort State KY Zip Code 40601

Purpose of Disbursement Non-Federal Media Buy

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 29 / 2016

FEC Identification Number: C  
Transaction ID : **SB29.4441**  
Amount of Each Disbursement this Period: 86995.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 118425.82

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**KENTUCKIANS FOR STRONG LEADERSHIP**

Full Name (Last, First, Middle Initial) <b>A. JAMESTOWN ASSOCIATES</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016	
Mailing Address 116 Craig Road		FEC Identification Number C [ ] <b>Transaction ID : SB29.4443</b> Amount of Each Disbursement this Period [ ] 5231.16	
City Manalapan	State NJ	Zip Code 07726	Category/ Type [ ]
Purpose of Disbursement Non-Federal Media Buy		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. JAMESTOWN ASSOCIATES</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016	
Mailing Address 116 Craig Road		FEC Identification Number C [ ] <b>Transaction ID : SB29.4444</b> Amount of Each Disbursement this Period [ ] 6500.00	
City Manalapan	State NJ	Zip Code 07726	Category/ Type [ ]
Purpose of Disbursement Non-Federal Media Production		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]	
City	State	Zip Code	Category/ Type [ ]
Purpose of Disbursement		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 11731.16
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 130156.98

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 27
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**KENTUCKIANS FOR STRONG LEADERSHIP**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Chalmers Pak Burch &amp; Adams LLC</b>			Nature of Debt (Purpose): Legal Services
Mailing Address 75 14th Street NE, Ste. 2725			
City Atlanta	State GA	Zip Code 30309	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4308	
909.42			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	909.42	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>KENTUCKIANS FOR STRONG LEADERSHIP</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00543256
---	---

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>Connection Strategy, LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>PO Box 2192</b>		Amount <input type="text"/>
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22202</b>
Purpose of Expenditure <b>Phone calls</b>		Transaction ID : <b>SE.4325</b>
Category/Type <input type="text"/> <b>004</b>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <b>CLINTON, HILLARY RODHAM, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>KY</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>87726.19</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>Grit Creative LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>324 Capital Ave.</b>		Amount <input type="text"/>
City <b>Frankfort</b>	State <b>KY</b>	Zip Code <b>40601</b>
Purpose of Expenditure <b>Direct mail</b>		Transaction ID : <b>SE.4459</b>
Category/Type <input type="text"/> <b>004</b>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <b>CLINTON, HILLARY RODHAM, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>KY</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>83646.98</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<input type="text"/> <b>87726.19</b>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<input type="text"/>
(a) TOTAL Independent Expenditures .....	▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Adams, Michael, G., ,*

[Electronically Filed]

Date

/  /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP
FEC IDENTIFICATION NUMBER
C C00543256

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Grit Creative LLC
Mailing Address 324 Capital Ave.
City Frankfort State KY Zip Code 40601
Purpose of Expenditure TV advertising
Category/Type 004
Date of Public Distribution/Dissemination 09/29/2016
Amount 26498.00
Transaction ID: SE.4327
Date of Disbursement or Obligation 09/29/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President Senate State: KY
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Grit Creative LLC
Mailing Address 324 Capital Ave.
City Frankfort State KY Zip Code 40601
Purpose of Expenditure Digital advertising
Category/Type 004
Date of Public Distribution/Dissemination 09/30/2016
Amount 19500.00
Transaction ID: SE.4329
Date of Disbursement or Obligation 09/29/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President Senate State: KY
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 45998.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, G.,
Signature

[Electronically Filed]

Date 10/15/2016

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>KENTUCKIANS FOR STRONG LEADERSHIP</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00543256
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>Grit Creative LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 324 Capital Ave.		Amount <input type="text"/>	
City Frankfort	State KY	Zip Code 40601	Transaction ID : <b>SE.4330</b>
Purpose of Expenditure Radio advertising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>  KY  </u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>JAMESTOWN ASSOCIATES</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 116 Craig Road		Amount <input type="text"/>	
City Manalapan	State NJ	Zip Code 07726	Transaction ID : <b>SE.4340</b>
Purpose of Expenditure TV advertising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>  KY  </u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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*Adams, Michael, G., ,*

**[Electronically Filed]**

Date

/  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>KENTUCKIANS FOR STRONG LEADERSHIP</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00543256                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>JAMESTOWN ASSOCIATES</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 29 / 2016		
Mailing Address 116 Craig Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     5000.00                 </div>		
City Manalapan	State NJ	Zip Code 07726			
Purpose of Expenditure TV production		Category/Type 004	Transaction ID : <b>SE.4341</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>  KY  </u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     192584.41                 </div>					

Full Name of Payee <input type="checkbox"/> Memo Item <b>JAMESTOWN ASSOCIATES</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 01 / 2016		
Mailing Address 116 Craig Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     11035.56                 </div>		
City Manalapan	State NJ	Zip Code 07726			
Purpose of Expenditure radio advertising		Category/Type 004	Transaction ID : <b>SE.4355</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>  KY  </u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     203619.97                 </div>					

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 16035.56             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;">                 _____             </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;">                 _____             </div>

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Adams, Michael, G., ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2016

Signature



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>KENTUCKIANS FOR STRONG LEADERSHIP</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00543256
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <b>JAMESTOWN ASSOCIATES</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 116 Craig Road	Amount <input type="text"/> 5000.00 <b>Transaction ID : SE.4356</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Manalapan State NJ Zip Code 07726	
Purpose of Expenditure TV production Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY District: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 208619.97	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>JAMESTOWN ASSOCIATES</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 116 Craig Road	Amount <input type="text"/> 1500.00 <b>Transaction ID : SE.4357</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Manalapan State NJ Zip Code 07726	
Purpose of Expenditure radio production Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY District: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 210119.97	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 6500.00
(a) SUBTOTAL of Unitemized Independent Expenditures .....	<input type="text"/>
(a) TOTAL Independent Expenditures .....	<input type="text"/>

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Adams, Michael, G., ,

[Electronically Filed]

Date

/  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>KENTUCKIANS FOR STRONG LEADERSHIP</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00543256
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>JAMESTOWN ASSOCIATES</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 116 Craig Road		Amount <input type="text"/>
City Manalapan	State NJ	Zip Code 07726
Purpose of Expenditure radio production	Category/Type <input type="text"/>	Transaction ID : <b>SE.4358</b>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>JAMESTOWN ASSOCIATES</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 116 Craig Road		Amount <input type="text"/>
City Manalapan	State NJ	Zip Code 07726
Purpose of Expenditure radio advertising	Category/Type <input type="text"/>	Transaction ID : <b>SE.4359</b>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	<input type="text"/>
(a) TOTAL Independent Expenditures .....	<input type="text"/>

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Adams, Michael, G., ,

[Electronically Filed]

Date

/  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>KENTUCKIANS FOR STRONG LEADERSHIP</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00543256                 </div>
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Check if  24-hour report  48-hour report ➤  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>JAMESTOWN ASSOCIATES</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 03 / 2016			
Mailing Address 116 Craig Road	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     2118.00                 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Manalapan</td> <td style="width:17%; padding: 2px;">State NJ</td> <td style="width:50%; padding: 2px;">Zip Code 07726</td> </tr> </table>		City Manalapan	State NJ	Zip Code 07726
City Manalapan		State NJ	Zip Code 07726	
Purpose of Expenditure TV advertising				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>KY</u>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     215004.33                 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>			
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     _____                 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City</td> <td style="width:17%; padding: 2px;">State</td> <td style="width:50%; padding: 2px;">Zip Code</td> </tr> </table>		City	State	Zip Code
City		State	Zip Code	
Purpose of Expenditure				
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     _____                 </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 2118.00             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 _____             </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 215004.33             </div>

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*Adams, Michael, G., ,* **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y  
 \_\_\_\_\_  
 Signature