| FEC FORM 1 | | STATEMEN ORGANIZA | _ | Office U | PAGE 1 / 4 |
|--------------------------------------------------|-----------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|
| 1. NAME OF COMMITTEE (in 1 | full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| Perry for Ke | ntuck | y | | | 1 |
| | | | | | |
| ADDRESS (number and | d street) | 112 Station Dr | | | |
| (Check if ac is changed) | ldress | Salvisa CITY ▲ | | KY40372 | [[|
| COMMITTEE'S E-MAI | L ADDRE | SS | | | |
| (Check if ac is changed) | ldress | official@perry4ky.com | | | |
| | | Optional Second E-Mail Add robert.perry@perry4 | | | |
| COMMITTEE'S WEB I (Check if ac is changed) | | DRESS (URL) perry4ky.com | | | |
| 2. DATE 11 | / D 01 | D / Y Y Y Y 2019 | | | |
| 3. FEC IDENTIFIC | ation nu | IMBER ► C cc | 0729087 | | |
| 4. IS THIS STATEMI | ENT | NEW (N) OR | AMENDED (A) | | |
| I certify that I have ex | amined th | is Statement and to the best | of my knowledge and belief it | is true, correct and con | nplete. |
| Type or Print Name of | Treasurer | Zoeller, Mark, , , | | | |
| Signature of Treasurer | Zoelle | r, Mark, , , | [Electronically Filed] | Date | 29 / Y Y Y Y 2019 |
| NOTE: Submission of fa | | ous, or incomplete information r ANY CHANGE IN INFORMATIC | | | alties of 2 U.S.C. §437g. |
| Office Use Only | | | For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100 | on FE | C FORM 1 evised 06/2012) |

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|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| | F COMMITTEE | |
| Candi | date Committee: | |
| (a) | This committee is a principal campaign committee. (Complete the candidate information below. |) |
| (b) | This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.) | plete the candidate |
| Name o Candida | | |
| Candida Party Af | | State KY District 02 |
| (C) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name o Candida | | |
| Party | Committee: | |
| (d) | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Politic | al Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor | nnected organization is a: |
| | Corporation Corporation w/o Capital Stock | Labor Organization |
| | Membership Organization | Cooperative |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee) | egregated 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.) | |
| Joint F | undraising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | wo or more political |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate. | vo or more political |
| (| Committees Participating in Joint Fundraiser | |
| | | |
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Write or Type Committee Name
Perry for Kentucky

| 6. Name of Any Connected | Organiza | tion, | Affil | iated | Co | omm | nitte | e, | Joii | nt F | un | dra | isin | g R | epr | ese | enta | ativ | e, c | or L | ead | der | shi | рP | οAc | C Sp | oon | sor | |
|----------------------------------------------------------------------|-------------|-------|-------|---------|------|------|-------|------|------|------|-------|------|------|------|-------|-----|------|------|------|------|------|-----|------|-----|-----|------|-----|------|------|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | С | ITY | | | | | | | | | | S | TA | ΓE | | | | | Z | IP | со | DE | | | |
| Relationship: Connect | ed Organiz | atior | | Affilia | ated | l Co | mm | itte | e | | Joii | nt F | und | rais | ing | Re | pre | sen | tati | ve | | Le | ead | ers | hip | PA | CS | spor | nsor |
| Custodian of Records: Ide books and records. | entify by n | ame, | addı | ress | (pho | one | nur | nbe | er | - op | otior | nal) | and | d po | ositi | on | of | the | per | rsor | ı in | ро |)SS(| ess | ion | of | cor | nmi | tee |

| Zoeller, M | lark, , , |
|-------------------|-------------------------------------------|
| Full Name | |
| Mailing Address | 5849 Brittany Woods Cir |
| | |
| | Louisville KY 40222 |
| Title or Position | CITY STATE ZIP CODE |
| Treasurer | Telephone number 502 938 1247 |

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 | Zoeller, Mark, , , |
|--------------------------------|-------------------------------------------------|
| Mailing Address | 5849 Brittany Woods Cir |
| | |
| | Louisville |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Telephone number 502 938 1247 |

| Full Name of Designated Agent | O'Donnell, | Kyle, Raymo | nd, , | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|------------|-------------|--------|----|-----|----|--|--|---|---|---|----------|---|---|---|----|---|---|-----|---|-----|-----|------------|---|---|--|
| Mailing Address | | 208A Forre | ster F | ۲d | | | | | | | | | | | | | | | | | | | | | | |
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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.

| Stock | Yards Bank & Trust | | |
|--------------------------|--------------------|----------------|--|
| Mailing Address | 1040 E. Main St. | | |
| | | | |
| | | 40206 | |
| | CITY | STATE ZIP CODE | |
| Name of Bank, Depository | , etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE ZIP CODE | |