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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Bluegrass Victory Committee 332 W Lee Hwy ADDRESS (number and street) #303 (Check if address is changed) Warrenton 20186 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@fecfinancial.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00676353 FEC IDENTIFICATION NUMBER > 3. X 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. Ralls, Steve, , , Type or Print Name of Treasurer Ralls, Steve,,, [Electronically Filed] 04 16 2018 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	Committee:	
(a)	Ш	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. (Compinformation below.)	lete the candidate
Nam Can	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, depublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated 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.)	
Join	nt Fund	raising 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.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	WALDEN FOR CONGRESS FEC ID number C C003	33427
	2.	ANDY BARR FOR CONGRESS, INC. FEC ID number C C0040	67571
	3.	NEW PIONEERS PAC FEC ID number C C0049	59123
	4.	BUILDING AMERICA'S REPUBLICAN REPRESENTATION PAC	2271

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Write or Type Committee Na		
Bluegrass Vic	tory Committee	
	d Organization, Affiliated Committee, Joint Fundraising Represental	tive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY	- 71D 00D5
	CITY STATI	E ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the	ne person in possession of committee
Ralls, S	Steve, , ,	
	332 W Lee Hwy	
Mailing Address	#303	
	Warrenton	20186
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	540 - 878 - 5664
Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the commit	ttee; and the name and address of
Full Name Ralls, S of Treasurer	teve, , ,	
Mailing Address	332 W Lee Hwy	
Ü	#303	
	Warrenton VA	20186
T	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	540 - 878 - 5664

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	420 Montgomery St	
Mailing Address		104
Mailing Address		104 ZIP CODE
Mailing Address Name of Bank,	San Francisco CA 94	
	San Francisco CA 94	
Name of Bank, I	San Francisco CITY STATE Depository, etc.	
Name of Bank, I	San Francisco CITY STATE Depository, etc.	
	San Francisco CITY STATE Depository, etc.	

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisin	g Participant:		
1		FEC ID number	C C00075820
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee Join by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Sp
		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify		nt Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify Full Name		nt Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify Full Name		nt Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify Full Name	by name, address (phone number – optional)	STATE A	
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or maintain arms of Bank,	by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main ame of Bank,	by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A