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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) SAZERAC COMPANY, INC. PAC (SAZERACPAC) 507 C Street NE ADDRESS (number and street) (Check if address is changed) Washington 20002-DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sdefilippo@sazerac.com (Check if address X is changed) Optional Second E-Mail Address lpinsky@sazerac.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00639138 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. DeFilippo, Sabine, , , Type or Print Name of Treasurer DeFilippo, Sabine, , , [Electronically Filed] Date 10 10 2019 Signature of Treasurer 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

F	EC For	m 1 (Revised 02/2009)	Page 2		
		OMMITTEE 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. (Cominformation below.)	nplete the candidate		
Name Candi					
Candi Party	idate Affiliatio	Office Sought: House Senate President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Candi					
Part	y Com	mittee:	(Dama avatia		
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party		
Polit	ical A	ction Committee (PAC):			
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is		
		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 segregated fund or procommittee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint	Fund	raising Representative:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political		
	Comi	mittees Participating in Joint Fundraiser			
	1.	FEC ID number			
	2.	FEC ID number			
	3.	FEC ID number			
	4				

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Write or Type Commi	nittee Name	
SAZERAC	C COMPANY, INC. PAC (SAZERACPAC)	
6. Name of Any Co	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership F	PAC Sponsor
Sazerac Comp	eany, Inc.	
Mailing Address	10101 Linn Station Rd	
3	Ste 400	
	Louisyille KY 40223-3819	
	CITY STATE ZIP	CODE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Leaders	ship PAC Sponsor
books and records		sion of committee
Full Name	DeFilippo, Sabine, , ,	
Mailing Address	10101 Linn Station Road	
-	Ste 400	
	Louisville KY 40223-3819	
Title or Position	CITY STATE ZIP	CODE
Custodian of Reco	cords Telephone number 502 – 423	_ 6140
	e name and address (phone number optional) of the treasurer of the committee; and the name agent (e.g., assistant treasurer).	and address of
Full Name of Treasurer	DeFilippo, Sabine, , ,	
Mailing Address	10101 Linn Station Road	
	Ste 400	
	Louisville KY 40223-3819	-
-	CITY STATE ZIP	CODE
Title or Position Treasurer		6140

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Full Name of Designated Agent	Pinsky, Laura, , ,	, , , , , , , , , , , , , , , , , , ,				
Mailing Address	10101 Linn Station Rd					
-	Suite 400					
	Louisville KY 40	0223-3819				
	CITY STATE	ZIP CODE				
Title or Position Assistant Treas	urer Z40 Telephone number					
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. BB&T Bank						
Mailing Address	200 West Second Street					
	Winston-Salem NC 27	7101				
	CITY STATE	ZIP CODE				
Name of Bank, I	Depository, etc.					
Mailing Address						
	CITY STATE	ZIP CODE				