

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2013 JUN 17 PM 12:16  
MAIL CENTER

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Elisabeth Jensen for Congress

ADDRESS (number and street)

P.O. Box 1053



(Check if address is changed)

Lexington

CITY ▲

KY

STATE ▲

40588

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

elaj@elisabethforkentucky.com

Optional Second E-Mail Address

jensenforcongress@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

elisabethforkentucky.com

2. DATE

06 / 10 / 2013

3. FEC IDENTIFICATION NUMBER ▶

C

4. 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.

Type or Print Name of Treasurer

Laura A. D'Angelo

Signature of Treasurer

*Laura A. D'Angelo*

Date

06 / 10 / 2013

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 Use Only				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

13031080442

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate Ellisabeth Jensen

Candidate Party Affiliation Dem Office Sought:  House  Senate  President State Ky District 06

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (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 Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number: C  
 2. \_\_\_\_\_ FEC ID number: C  
 3. \_\_\_\_\_ FEC ID number: C  
 4. \_\_\_\_\_ FEC ID number: C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

Grid for mailing address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

R. Wayne Stratton CPA ABV

Mailing Address

Jones Noble & Martingly PLC  
642 S. 4TH ST #300  
LOUISVILLE KY 40202

Title or Position

CITY

STATE

ZIP CODE

Partner

Telephone number 502-583-0248

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

LAURA ANNE D'ANGELO

Mailing Address

296 CHEVAULT RD  
LEXINGTON KY 40502

Title or Position

CITY

STATE

ZIP CODE

PARTNER DUNSMORE

Telephone number 659-425-1058

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Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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.

Central Bank & Trust Co.

Mailing Address

2233 Richmond Rd

[Grid for Mailing Address Line 2]

Lexington Ky 40502-1308

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

13031080445

Federal Election Commission  
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*Jan*  
 PREPARER

6/17/13  
 DATE PREPARED

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