Image# 201510159002924527				10/15/2015 14.09
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4 —
			Off	ice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
David Jackson E	pley			
	206 N. Elm Grove Ave.			
ADDRESS (number and street)				
is changed)	Development			
	Bardstown		KY 4000	
	CITY A		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRI	ESS			
(Check if address is changed)	epley@bardstowncable	e.net		
is changed)	Optional Second E-Mail Ad	dress		
(Check if address is changed)				
	5 / Y Y Y Y 2015			
3. FEC IDENTIFICATION N	UMBER ► C c	00589705		
4. IS THIS STATEMENT	< NEW (N) OR	AMENDED (A)		
I certify that I have examined t	this Statement and to the best	of my knowledge and belief	it is true, correct and	complete.
Type or Print Name of Treasure	Pr David Jackson Epley			
Signature of Treasurer	id Jackson Epley	[Electronically Filed]	Date 10	D D / Y Y Y Y Y 15 2015
NOTE: Submission of false, error		may subject the person signing ON SHOULD BE REPORTED		penalties of 2 U.S.C. §437g
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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	FEC Fo	rm 1 (Revised 02/2009) Page 2								
		OMMITTEE								
Ca	indidate	e 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.)										
	me of ndidate	David Jackson Epley								
	ndidate ty Affiliati	on NPA Office Sought: House Senate President District								
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	me of ndidate									
Pa	rty Con	nmittee:								
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.								
Ро	litical A	ction 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.)								
Joi	nt Func	Iraising 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.								
	Com	mittees Participating in Joint Fundraiser								
	1.									
	2.									
	3.									
	4.	FEC ID number C								

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Write or Type Committee Name

David Jackson Epley

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

ľ	NONE		
			<u></u>
	Mailing Address		
	Mailing Address		· · · · · · · · · · · · · · · · · · ·
		CITY	STATE ZIP CODE
			ng Representative Leadership PAC Sponsor
7.	Custodian of Records: Ident books and records.	tify by name, address (phone number optional) and pos	sition of the person in possession of committee
	Mailing Address	1	····
	Malling Address	1	· · · · · · · · · · · · · · · · · · ·
	Title or Position	CITY	STATE ZIP CODE
		Telephone nu	umber
8.	any designated agent (e.g., a		ne committee; and the name and address of
	Full Name David Jacks of Treasurer	son Epley	
	Mailing Address	206 N. Elm Grove Ave.	
		Bardstown	
	Title or Position	CITY	STATE ZIP CODE
I		Telephone nu	umber 239 - 530 - 8207

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Full Name of Designated Agent		1	1																1								
Mailing Address																											
			1																	L					· [
							CI	TΥ								ST	ATE	Ξ				ZI	Р (200	DE		
Title or Position																											
											Tel	epł	ion	e n	um	ber					 · [_						

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.

Mailing Address	206 N. Elm Grove Ave.		
	Bardstown	KY	40004
	CITY	STATE	ZIP CODE
Name of Bank, De	epository, etc.		
l			
Mailing Address			
	CITY	STATE	ZIP CODE