6 page

4/4/2010

To: 202-219-0174

Enclosed/attached are forms 1 and 2 which I previously mailed 4/28/2010.

I am new to this process & as you can tell from my "just making" the first deadline - need YOUR HELP -

I am faxing forms 1+2: however I need the candidates' FEC ID number to be able to file the Form 3 by May 6th

So you could Please SAVE me!! I would really appreciate it.

Thanks

Nancy Works

859-245-8726

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

PAID FOR BY FRIENDS TO ELECT JOHN T KEMPER, III FOR CONGRESS

ADDRESS (number and street) 4537 MANDEVILLE WAY

☐ (Check if address is changed)

LEXINGTON KY 40505-

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed) NEW40505@YAHOO.Com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed) www.JohnKemperforCongress.Com

2. DATE 04 28 2010

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 NANCY E. WORKS

Signature of Treasurer Nancy E Works Date 04 28 2010

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					

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

FEC FORM 1
(Revised 02/2009)

10030321530

5. TYPE OF COMMITTEE

Candidate Committee:

(a) X 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: John T. Kemper, III

Candidate Party Affiliation: REP Office Sought: X 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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FEC Form 1 (Revised 02/2009) Page 3

Write or Type Committee Name

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

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: NANCY E. WORKS

Mailing Address: 4537 Mandeville Way

Lexington KY 40505

CITY STATE ZIP CODE

Title or Position: TREASURER

Telephone number: 859-245-8726

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: NANCY E. WORKS

Mailing Address: 4537 Mandeville Way

Lexington KY 40505

CITY STATE ZIP CODE

Title or Position: TREASURER

Telephone number: 859-245-8726

10030321532

Full Name of Designated Agent: NANCY E WORKS

Mailing Address: 4537 Mandeville Way

Lexington | KY | 40505-

CITY | STATE | ZIP CODE

Title or Position: TREASURER

Telephone number: 859-245-8726

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.

Fifth Third BANK

Mailing Address: 2295 Nicholasville Rd

Lexington | KY | 40503-

CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY | STATE | ZIP CODE

10030321533

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

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The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A PREPARER	N/A DATE PREPARED

(5/2004)

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