Only

## STATEMENT OF

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**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. Glisson for Congress PO Box 6063 ADDRESS (number and street) (Check if address is changed) Louisville 40206-0063 KY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS llarue.ky@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00668699 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. LaRue, Laura, , Mrs., Type or Print Name of Treasurer LaRue, Laura, , Mrs., [Electronically Filed] 10 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

Local 202-694-1100

FE	C <b>Fo</b> i	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE (	OF C	OMMITTEE	
Candi	idate	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. (Con information below.)	nplete the candidate
Name of Candida		Glisson, Vickie, Yates Brown, Hon.,	
Candida		Office	State
Party A	Affiliatio	on REP Sought: * House Senate President	District 03
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o			
Party	Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Joint F	Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	00		
	1.		
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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Write or Type Committee I		
Glisson for C	onaress	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
RISE PROJECT		
INIOE I NOSEOT		
Mailing Address	PO Box 2485	
	Springfield	22152-0485
	CITY STATE	ZIP CODE
Custodian of Records:	Affiliated Committee	
books and records.		
LaRu Full Name	ıe, Laura, , Mrs.,	
Mailing Address	504 Derek Avenue	
Walling Address		
	Elizabethtown	42701
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	_ 401 _ 2500
. <b>Treasurer:</b> List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	d the name and address of
Full Name LaRu	e, Laura, , Mrs.,	
of Treasurer		
Mailing Address		
		42701
Title or Position Treasurer	CITY STATE  270  Telephone number	ZIP CODE

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Full Name of Designated Agent LaRue	e, Laura, , Mrs.,	
Mailing Address	504 Derek Avenue	
	Elizabethtown KY CITY STATE	72701 
Title or Position Treasurer	Telephone number 270	_   401   -   2500
Banks or Other Depos safety deposit boxes or	sitories: List all banks or other depositories in which the committee deposits fund maintains funds.	ls, holds accounts, rents
Name of Bank, Deposito	ory, etc.	
Name of Bank, Deposito	ory, etc.	
	ory, etc.	
PNC	ory, etc.	
PNC	Ory, etc.  9700 Linn Station Road	10223
PNC	Proof, etc.  9700 Linn Station Road	10223 ZIP CODE
PNC	9700 Linn Station Road  Louisville  CITY  STATE	
Mailing Address	9700 Linn Station Road  Louisville  CITY  STATE  ory, etc.	
Mailing Address  Name of Bank, Depositor	9700 Linn Station Road  Louisville  CITY  STATE  1909 K Street NW	