FEC FORM 2 (REV. 02/2003)

FEC FORM 2 STATEMENT OF CANDIDACY

08 FEB 12 // 9: 43

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|--|-----------------------|---|----------------------|---------------------------------------|-----------------------|---------------------------------------|
| 1. (a) Name of Candidate (in full) | John | Horne | | | | ;;- |
| (b) Address (number and street) | □ CI | neck if address change | - | 2. Identification N | lumber KYOO2 | 217 |
| (c) City, State, and ZIP Code | W _U | 40245 | - : | 3. Is This Statement | New (N) OR | Amended |
| Party Affiliation Democratic | 5. Office Sough | "Senate | · • | ict of Candidate | | |
| D'. I hereby designate the following n | | N OF PRINCIPAL nmittee as my Principal | | littee for the 2 | <u>၀၀ 🖇 _</u> electio | on(s). |
| NOTE: This designation should be | e filed with the app | propriate office listed in | the instructions. | (уеаг | of election) | |
| (a) Name of Committee (in full) | Horne | For U | .S. Se | nate | | |
| (b) Address (number and street) P. O. Box | | | | | | |
| (c) City, State, and ZIP Code | WO 1 | (| | · · · · · · · · · · · · · · · · · · · | | |
| Louisuilk | , Kei | atucky (| 40206 | ? | | |
| <u> </u> | ·• | N OF OTHER AL | | | S | |
| I hereby authorize the following na candidacy. | • | ncluding Joint Fundrais which is NOT my princi | • | • | and expend funds | on behalf of my |
| . NOTE: This designation should be | a filed with the prin | ncipal campaign commi | ttee. | | | |
| (a) Name of Committee (in full) | | | | | | · · · · · · · · · · · · · · · · · · · |
| (b) Address (number and street) | | | | | | |
| (c) City, State, and ZIP Code | | | | | | |
| DECLARATION | OF INTENT | TO EVDEND BE | PSONAL FILE | NDS /House | or Sonato O | aha) |
| I intend to expend personal funds | | | | No (House | or deflate Of | ··· y , |
| | 9 A | , \$\ 0. \q | | for the primary | election, and | |
| | 9B | \$ 0.00 | | for the general | election. | |
| If you do not intend to expend per | sonal funds excee | eding the threshold ame | ount for either elec | tion, you must ent | er "0.00" for each. | |
| | xamined this State | ement and to the best o | f my knowledge a | nd belief it is true, | correct and compl | ete. |
| Signature Condidate | D - | - | | ŀ | Sanun | 200 |
| NOTE: Submission of false, erroneou | us, or incomplete i | nformation may subject | the person signin | g this Statement to | penalties of 2 U.S | S.C. §437g. |
| | | | | | | , |
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PAMELA B. GAVIN SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7115 PHONE: (202) 224-0322

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