FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Andy Barr Victory 2012 PO Box 1068 ADDRESS (number and street) (Check if address is changed) Frankfort 40602 KY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cathy@rpk.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2012 C00524728 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. Catherine D Bell Type or Print Name of Treasurer Catherine D Bell [Electronically Filed] 80 02 2012 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

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	COMMITTEE te 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. (Cor	
Name of Candidate	information below.)	
Candidate	Office	State
Party Affilia	tion Sought: House Senate President	District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	_
(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 co	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 Fur	draising Representative:	
(g) X	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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Co	mmittees Participating in Joint Fundraiser	
1.	REPUBLICAN PARTY OF KENTLICKY	0156810
2.	ANDY BARR FOR CONGRESS, INC. FEC ID number C COO)467571
3.	FEC ID number	
4.		

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Write or Type Committee N		- 3
Andy Barr Vio	ctory 2012	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the pers	on in possession of committee
Cathe Full Name	erine D Bell	
Mailing Address	PO Box 1068	
	Frankfort	40602
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	2 875 - 5130
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; ar .g., assistant treasurer).	nd the name and address of
Full Name Cather of Treasurer	rine D Bell	
Mailing Address	PO Box 1068	
		40602
Title or Position Treasurer	CITY STATE 502 Telephone number	ZIP CODE 2

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Full Name of Designated			
Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telepho	one number	
Name of Bank, Deposi	cht Bank		
Name of Bank, Deposit	tory, etc. Cht Bank 2404 Sir Barton Way	, . KV . 4050	9
Name of Bank, Deposi	rcht Bank	KY 4050	9
Name of Bank, Deposi	tory, etc. Cht Bank 2404 Sir Barton Way	KY 4050	9 ZIP CODE
Name of Bank, Deposi	cht Bank 2404 Sir Barton Way Lexington		
Name of Bank, Deposi	cht Bank 2404 Sir Barton Way Lexington		
Name of Bank, Deposition of Bank, Deposition of Bank, Deposition	ccht Bank 2404 Sir Barton Way Lexington CITY	STATE	
Name of Bank, Deposition Mailing Address Name of Bank, Deposition	ccht Bank 2404 Sir Barton Way Lexington CITY	STATE	
Name of Bank, Deposition Mailing Address Name of Bank, Deposition	ccht Bank 2404 Sir Barton Way Lexington CITY	STATE	
Name of Bank, Deposi	ccht Bank 2404 Sir Barton Way Lexington CITY	STATE	