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. Yarmuth for Congress 2018 Brownsboro Road ADDRESS (number and street) (Check if address is changed) Louisville 40206 KY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS natalie@yarmuthforcongress.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00419630 FEC IDENTIFICATION NUMBER > 3. 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. Johnson, Natalie, , , Type or Print Name of Treasurer Johnson, Natalie, , , [Electronically Filed] 05 2021 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

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Cominformation below.)	nplete the candidate
Nam Cand	e of didate	Yarmuth, John, , ,	
	didate / Affiliati	on DEM Office Sought: * House Senate President	State KY District 03
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical 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 scommittee. (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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee N		5
Yarmuth for C	Congress	
	ed Organization, Affiliated Committee, Joint Fundraising Representat	tive, or Leadership PAC Sponsor
NONE		
Mailing Address		
Ü		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representation	entative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of th	ne person in possession of committee
Johns Full Name	on, Natalie, , ,	
Mailing Address	1015 East Muhammed Ali Blvd.	
Maining Address		
	Louisville	40204
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	502 - 724 - 9097
. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the commit g., assistant treasurer).	itee; and the name and address of
Full Name Johnson of Treasurer	on, Natalie, , ,	
Mailing Address	1015 East Muhammed Ali Blvd.	
	Louisville	40204
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	502 - 724 - 9097

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Name of Bank,	Depository, etc.	
	Depository, etc. Fifth Third Bank 1401 S. 4th Ave.	
Name of Bank,	Depository, etc. Fifth Third Bank 401 S. 4th Ave. Louisville KY 40202	ZIP CODE
Name of Bank,	Depository, etc. Fifth Third Bank 401 S. 4th Ave. Louisville KY 40202	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Fifth Third Bank 401 S. 4th Ave. Louisville KY 40202	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Fifth Third Bank 401 S. 4th Ave. Louisville CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Fifth Third Bank 401 S. 4th Ave. Louisville CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Fifth Third Bank 401 S. 4th Ave. Louisville CITY STATE Depository, etc.	