**FEC** 

## STATEMENT OF ORGANIZATION

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FORM 1					- OZ 13 ANTI		
					Office USE BOW MAIL CENT		
1. NAME OF COMMITTEE (in		Check if name s changed)	Example: If typing, type over the lines.	12FE4M			
Joe Palum	bo for Cong	jress					
ADDRESS (number a	und street) 1964	Hart Rd.					
(Check if address is changed) Lexington KY 40502							
		C	ITY	STATE	ZIP CODE		
COMMITTEE'S E-MA  (Check if is change	address	•	nail address)  umboforcongre	ss.con	<u>, , , , , , , , , , , , , , , , , , , </u>		
COMMITTEE'S WEE	address	•	forcongress,com	n 			
2. DATE 07	7" / 17" / 20	013					
3. FEC IDENTIFIC	CATION NUMBER						
4. IS THIS STATE	MENT NEW	(N) OR	AMENDED (A)				
I certify that I have	examined this Stateme	ent and to the best o	of m <b>y</b> l-knowled <del>gle</del> rtand belief it	is true, corre	ect and complete.		
Type or Print Name	of Treasurer Kei	th Buckhor	ut				
Signature of Treasur	er full	Greddon	t	Date 0	7 2013		
NOTE: Submission of		•	nay subject the person signing to N SHOULD BE REPORTED W		to the penalties of 2 U.S.C. §437g.		
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)		

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	COMMITTEE e 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	Joseph E. Palumbo	
Candidate Party Affiliat	tion DEM Office State Sought: House Senate President District 06	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	e e e e e e e e e e e e e e e e e e e
Name of Candidate		Ш
Party Cor		
(d)	(National, State (Democratic, This committee is a republican, etc.) Par	ty.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	s 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 par committee. (i.e., nonconnected committee)	rty
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising 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.	
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC !D number	
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	rite or Type Com	_	_																						
J	oe Palun	nbo for	Congr	ess																					
6.	Name of Any C	Connectea C	Organization,	Affiliated	l Coî	hmit	tee, .	Joint	<b>Fu</b>	ndra	aisir	ng I	Repr	ese	ntai	tive	, or	Lea	ade	rshi	p P	AC S	Spoi	nsor	•
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	Relationship:	Connected	d Organization	Affil	iated	Com	mitte	e [	]J(	oint	Fun	drai	sing	Rep	ores	enta	ativ	θ [	_] <sub>.</sub>	.eac	lersi	hip F	PAC	Spo	nsor
<b>7</b> .	Custodian of Rebooks and recor		ntify by name,	address	(pho	ne n	umbe	er	opti	onal	) ar	nd p	ositi	on (	of th	ne p	ers	on	in p	oss	essi	on c	of co	mm	 ittee
	Full Name	<sub>I</sub> Keith	Βuckhoι	ut,		1	1 1	1			,					ı		1 1		,	,	1		1	. 1
	Mailing Address		13650 T	ates (	Çre	ęk	Rd	•				<u></u>	1 I	1			1				<u>-</u>	1		<del></del> -	ىـــ ا ،
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	Title or Position				CI	TY		1					J	<u>.</u>	ATE	_			L	z	IP (	COD	E	<b>-L</b>	
	Deputy F	inance [	Director	<del>       </del>			١			Tele	epho	one	num	ber		L	1	ك	- [		l		ட		لــ
8.	Treasurer: List t any designated a				ber -	- opt	tional	) of t	the '	trea	sure	er o	f the	cor	nmi	ttee	; ar	nd ti	he i	nam	e a	nd a	ıddre	ess (	of
	Full Name of Treasurer	Keith	Buckho	uţ	<u> </u>	1.	<u> </u>	لــــــــــــــــــــــــــــــــــــــ				ı				1	<u></u>	لـــا				لبل		1	لــــــــــــــــــــــــــــــــــــــ
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	Title or Position Deputy Fina	aņcę Dire	ector	<del>                                      </del>	T T		J			Tele	epho	one	num		ATE	L	ш	ل	- L			 	re Li		لــــــــــــــــــــــــــــــــــــــ

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Full Name of Designated Agent		.1.1.1.1.1.1	
Mailing Address			
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	<u> </u>	ليا لي	<u> </u>
	CITY	STATE	ZIP CODE
Title or Position	<u> </u>	none number	<u></u> - <u> </u>
safety deposit boxes Name of Bank, Depo		committee deposits f	unds, holds accounts, rents
Mailing Address	[2347,Versailles Rd,	1 1 1 1 1 1 1	
	[Lexington, , , , , , , , , , , , , , , , , , ,	KY_	[40504] - [ ] - [ ]
	ÇITY	STATE	ZIP CODE
Name of Bank, Depo	ository, etc.		
L			
Mailing Address			
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	CITY	STATE	ZIP CODE

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