

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED. SECRETARY OF THE SENATE

16 FEB -2 PM 4:14

Office Use Only

12FE4M5

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.

Wildier For Senate

ADDRESS (number and street)

(Check if address is changed)

513 Capital Avenue

Frankfort KY 40601

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

2016@wildierforsenate.com

Optional Second E-Mail Address

wildier-2016@usa.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

wildierforsenate.com

2. DATE

01/25/2016

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

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.

Type or Print Name of Treasurer

LAVON RACHELLE CHATTIN

Signature of Treasurer

Lavon R. Chatten

Date

02/02/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 08/2012)

201602030200054887

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate Sell, v.s. Wilder

Candidate Party Affiliation DEM Office Sought: House Senate President State KY District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (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 connected 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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 8.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: [] Connected Organization [] Affiliated Committee [] Joint Fundraising Representative [] Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name LANON, RACHELLE, CHATTIN

Mailing Address 513 CAPITOL AVENUE

[Empty grid lines for mailing address]

FRANKFORT KY 40601

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORDS

Telephone number 502-682-8481

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer LANON, RACHELLE, CHATTIN

Mailing Address 513 CAPITOL AVENUE

[Empty grid lines for mailing address]

FRANKFORT KY 40601

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 502-682-8481

201602030200054889

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Farmer's Bank and Capital Trust

Mailing Address

125 West Main Street

[Grid for Mailing Address Line 2]

Frankfort KY 40601

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

GoFundMe.com

Mailing Address

PO Box 71798

[Grid for Mailing Address Line 2]

San Diego CA 92171

CITY

STATE

ZIP CODE

201602030200054890

Hand Delivered

201602030200054891

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Date of Receipt

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USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

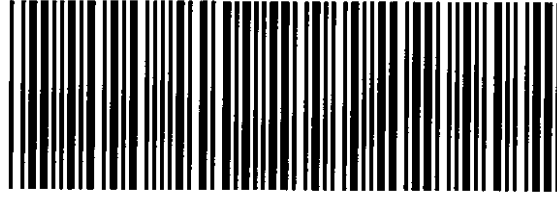
POSTMARK ILLEGIBLE POSTMARK

FAX _____
Date of Receipt

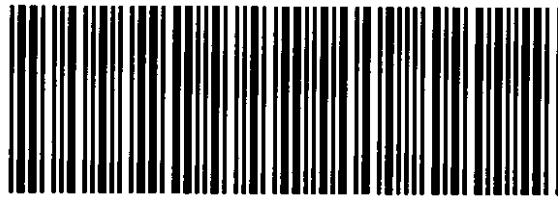
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Date of Receipt or Postmark

PREPARER MN DATE PREPARED 2-2-16

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