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. APPRISS INC PAC 10401 Linn Station Road ADDRESS (number and street) Suite 200 (Check if address is changed) Louisville 40223 KY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS rhensley@appriss.com (Check if address is changed) Optional Second E-Mail Address naghaaliandastjerdi@appriss.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00391532 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. Byal, Jeffrey, , , Type or Print Name of Treasurer Byal, Jeffrey,,, [Electronically Filed] 01 2017 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

FI	EC Fo i	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. (Con information below.)	nplete the candidate
Name Candid			
Candid Party	date Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	/ Com	mittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party
Politi	ical 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	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.)	
Joint	Fund	raising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the	wo or more political
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Destinating in Joint Fundraises	
		mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		i ago o
APPRISS INC F		
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Appriss Inc.		
	40404 Line Station Board	
Mailing Address	10401 Linn Station Road	
	Suite 200	
	Louisyille KY 40223	
	CITY STATE ZI	P CODE
Relationship: x Connected	Organization Affiliated Committee Joint Fundraising Representative Leade	ership PAC Sponsor
Relationship.	Annuace Commutee South Fundraising Representative	Siship i No opolisor
. Custodian of Records: Iden	tify by name, address (phone number optional) and position of the person in posse	ession of committee
books and records.		
Hensley, R	tusty, , ,	1
Full Name	10401 Linn Station Road	
Mailing Address	Suite 200	
	Louisville , KY , 40223	
	Louisville	
Title or Position	CITY STATE ZI	P CODE
1		1.1
	Telephone number	
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name	and address of
Full Name Byal, Jeffre of Treasurer	;y, , ,	
Mailing Address	10401 Linn Station Road	
	Suite 200	
	Louisville KY 40223	
	CITY STATE ZII	P CODE
Title or Position Treasurer	Telephone number	

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Full Name of Designated Hens	sley, Rusty, , ,	
Mailing Address	10401 Linn Station Road	
	Suite 200	
	Louisville KY CITY STATE	40223 ZIP CODE
Title or Position Assistant Treasurer		
	The state of the s	made lealed accessing access
safety deposit boxes or Name of Bank, Deposi	tory, etc. h Third Bank	unas, noias accounts, rents
safety deposit boxes or Name of Bank, Deposi	r maintains funds. tory, etc.	unas, noias accounts, rents
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