

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS 2017 NOV 30 PM 3:00 Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

STEVEN COX FOR SENATE

ADDRESS (number and street)

130 W NORTH ST

(Check if address is changed)

MADISONVILLE

CITY

KY

STATE

42431

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

STEVEN.COX.INFINITE@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

11 / 28 / 2017

3. FEC IDENTIFICATION NUMBER

C

4. 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.

Type or Print Name of Treasurer

Steven Cox

Signature of Treasurer

[Handwritten Signature]

Date

11 / 28 / 2017

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 06/2012)

20171130020039999

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 STEVEN COX

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 6.)

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	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

201711300200309919

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

STEVEN COX

Mailing Address

130 W NORTH ST

Empty grid lines for address

MADISONVILLE KY 42431

Title or Position

CITY

STATE

ZIP CODE

CAMPAIGN DIRECTOR

Telephone number 270-836-9132

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

STEVEN COX

Mailing Address

130 W NORTH ST

Empty grid lines for address

MADISONVILLE KY 42431

Title or Position

CITY

STATE

ZIP CODE

CAMPAIGN DIRECTOR

Telephone number 270-836-9132

201711300200309911 16642002002117192

Full Name of Designated Agent

STEVEN COX

Mailing Address

1130 W NORTH ST

MADISONVILLE

CITY

KY

STATE

42431

ZIP CODE

Title or Position

CAMPAIGN DIRECTOR

Telephone number

270-836-9132

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.

PAYPAL

Mailing Address

2211 NORTH FIRST ST

SAN JOSE

CITY

CA

STATE

95131

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201711300200309912

5(g) or (h). Joint Fundraising Participant:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

FEC ID number

FEC ID number

FEC ID number

FEC ID number

C \_\_\_\_\_

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C \_\_\_\_\_

C \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_ 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.

US BANK \_\_\_\_\_

Mailing Address

665 E CENTER ST \_\_\_\_\_

\_\_\_\_\_

MADISONVILLE \_\_\_\_\_ KY \_\_\_\_\_ 40243-11 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

2017113002003991Z

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL



1007



20013

U.S. POSTAGE  
PAID  
MADISONVILLE, KY  
42431  
NOV 28 12  
AMOUNT  
**\$23.75**  
R2304N117568-11

**PRIORITY MAIL**

**PRESS**

BEST SERVICE IN THE U.S.

**CUSTOMER USE ONLY**

FROM: (PLEASE PRINT)

PHONE: 773-236-4137

STROCK COX  
130 W. North St  
Madisonville Ky 42431  
NOV

Screened by CASI  
Senate Post Office



UNITED STATES  
POSTAL SERVICE

PRIORITY  
MAIL  
EXPRESS

**PAYMENT BY ACCOUNT (if applicable)**

**VERY OPTIONS (Customer Use Only)**

SIGNATURE REQUIRED (See The meter next check the "Signature Required" box if the meter: 1) requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COO service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.  
Delivery Options  
 No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery (required additional fee, where available)  
 10:30 AM Delivery Required (additional fee, where available)  
Rider to USPS court or local Post Office for availability.

TO: (PLEASE PRINT)

PHONE:

Secretary of the Senate  
Office of Public Records  
P.O. Box 77578  
Washington DC  
Senate Post Office  
703-613-7NOKS 072078  
ZIP + 4 (U.S. ADDRESSES ONLY)

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
\$100.00 Insurance Included.

**ORIGIN (POSTAL SERVICE USE ONLY)**

1-Day

2-Day

Military

DPO

FD ZIP Code

Scheduled Delivery Date (MM/DD/YY)

Postage

Insurance Fee

COO Fee

42431

11 29

\$ 23

\$ 75

Date Accepted (MM/DD/YY)

Scheduled Delivery Time

Return Receipt Fee

Live Animal Transportation Fee

11 28

10:30 AM Delivery Fee

Time Accepted

Return Receipt Fee

Special Handling/Fragile

Sunday/Holiday Premium Fee

Total Postage & Fees

\$ 23.75

Weight

Acceptance Employee Initials

Weight

Acceptance Employee Initials

Delivery Attempt (MM/DD/YY)

Time

Employee Signature

11-29-17

AM

NUC

Delivery Attempt (MM/DD/YY)

Time

Employee Signature

LABEL 11-8, OCTOBER 2018 PSN 7690-02-000-9996

3-ADDRESSEE COPY



INTERNATIONALLY,  
DECLARATION  
MAY BE REQUIRED.

2013 OD: 12.5 X 9.5



001000006

WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE.

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# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL 11/28/17  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

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"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

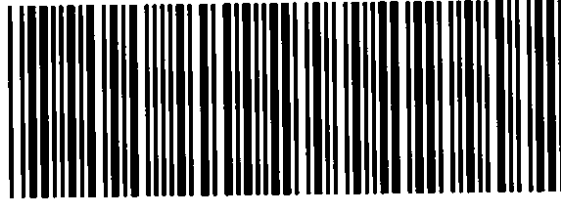
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

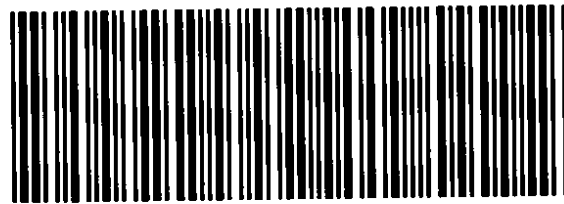
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 11/30/17

201711300200389915



SEN PATCH



SEN PATCH

201711300200309916