

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
KENTUCKIANS FOR STRONG LEADERSHIP

ADDRESS (number and street) **P.O. BOX 7895**
 Check if different than previously reported. (ACC) **LOUISVILLE KY 40257**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00543256 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **08** / **2016** in the State of **KY**

5. Covering Period **10** / **20** / **2016** through **11** / **28** / **2016**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Adams, Michael, G., ,
Type or Print Name of Treasurer

Signature of Treasurer Adams, Michael, G., , [Electronically Filed] Date **12** / **08** / **2016**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

KENTUCKIANS FOR STRONG LEADERSHIP

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		522890.39
(b) Cash on Hand at Beginning of Reporting Period.....	913993.08	
(c) Total Receipts (from Line 19)	258016.30	2118340.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1172009.38	2641230.79
7. Total Disbursements (from Line 31).....	1123122.56	2592343.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	48886.82	48886.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	22345.13	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

KENTUCKIANS FOR STRONG LEADERSHIP

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	215000.00	1409000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	215000.00	1409000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	43016.30	705986.30
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	258016.30	2114986.30
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	3354.10
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	258016.30	2118340.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	258016.30	2118340.40

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	113224.16	640203.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	113224.16	640203.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	353381.83	768566.84
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	656516.57	1183573.76
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1123122.56	2592343.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1123122.56	2592343.97

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	258016.30	2114986.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	258016.30	2114986.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	113224.16	640203.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3354.10
38. Net Operating Expenditures (subtract Line 37 from Line 36)	113224.16	636849.27

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP

A. Ball Realty LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 12950

City Lexington	State KY	Zip Code 40583
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2016

Transaction ID : SA11AI.4641

Amount of Each Receipt this Period
15000.00

Memo Item

B. Barbara Bank Revocable Trust

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1045 Alexander Mtn. Rd

City Geyserville	State CA	Zip Code 95441
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2016

Transaction ID : SA11AI.4701

Amount of Each Receipt this Period
100000.00

Memo Item

C. Dalton Supply & Service

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 107

City Stargis	State KY	Zip Code 42459
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2016

Transaction ID : SA11AI.4648

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	117500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP

A. Davis, R., Eberley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Eagle Drive
 City Nicholasville State KY Zip Code 40356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alliance Coal LLC Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.4676
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Draft Kings. Inc
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 Summer St. Suite 510
 City Boston State MA Zip Code 02110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 26 / 2016
Transaction ID : SA11AI.4653
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Fan Duel, Inc.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Park Ave, South 14th Floor
 City New York State NY Zip Code 10010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 26 / 2016
Transaction ID : SA11AI.4652
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP

A. GMS Mine Repair & Maintenance, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 2446

City Mt. Lake Park	State MD	Zip Code 21550
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2016

Transaction ID : SA11AI.4645

Amount of Each Receipt this Period
3000.00

Memo Item

B. Gross, Walter, L., , III

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 559 South Forbes Road

City Lexington	State KY	Zip Code 40504
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) G&J Pepsi-Cola Bottlers, Inc.	Occupation (for Individual) Senior Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
64000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2016

Transaction ID : SA11AI.4640

Amount of Each Receipt this Period
64000.00

Memo Item

C. Hopple, Chris, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 708 East Haub St.

City Haubstadt	State IN	Zip Code 47639
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Gibson County Coal	Occupation (for Individual) General Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2016

Transaction ID : SA11AI.4647

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	69000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP

A. Lovell, Heath, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10130 North Green River Rd

City Evansville	State IN	Zip Code 47725
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Webster County Coal, LLC	Occupation (for Individual) Coal Miner
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2016

Transaction ID : SA11AI.4650

Amount of Each Receipt this Period
2000.00

Memo Item

B. Republican State Leadership Committee
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 F Street NW

City Washington	State DC	Zip Code 20004
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2016

Transaction ID : SA11AI.4689

Amount of Each Receipt this Period
10000.00

Memo Item

C. T-Mobile USA, Inc.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12920 SE 38th St.

City Bellevue	State WA	Zip Code 98006
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2016

Transaction ID : SA11AI.4651

Amount of Each Receipt this Period
1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	13500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 34
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Thacker, Ernest, , ,

Mailing Address 200 Woods Trail

City Irvine	State KY	Zip Code 40336
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Alliance Coal	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.4702

Amount of Each Receipt this Period
3000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Wilkerson, Dale, , ,

Mailing Address 1114 East 25th St.

City Tulsa	State OK	Zip Code 74114
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2016

Transaction ID : SA11AI.4703

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	215000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP

A. ESAFund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 South Blvd

City Tampa	State FL	Zip Code 33606
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FEC ID number of contributing federal political committee. **C** C00489856

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2016

Transaction ID : SA11C.4707

Amount of Each Receipt this Period
25000.00

Memo Item

B. The Republican Party of Kentucky

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 West Third Street

City Frankfort	State KY	Zip Code 40601
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
437986.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2016

Transaction ID : SA11C.4655

Amount of Each Receipt this Period
16.30

Memo Item
In-kind - non-federal photo copies

C. The Republican Party of Kentucky

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 West Third Street

City Frankfort	State KY	Zip Code 40601
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
455986.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2016

Transaction ID : SA11C.4657

Amount of Each Receipt this Period
18000.00

Memo Item
In-kind - Non-federal polling

SUBTOTAL of Receipts This Page (optional).....	43016.30
TOTAL This Period (last page this line number only).....	43016.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016	
Mailing Address 1445-A Laughlin Avenue			
City McLean	State VA	Zip Code 22101	
Purpose of Disbursement Bank fees		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	Transaction ID : SB21B.4670 Amount of Each Disbursement this Period 80.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 1445-A Laughlin Avenue			
City McLean	State VA	Zip Code 22101	
Purpose of Disbursement Bank fees		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	Transaction ID : SB21B.4673 Amount of Each Disbursement this Period 40.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 1445-A Laughlin Avenue			
City McLean	State VA	Zip Code 22101	
Purpose of Disbursement Bank fees		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	Transaction ID : SB21B.4664 Amount of Each Disbursement this Period 80.00	
		<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

200.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1445-A Laughlin Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4623 Amount of Each Disbursement this Period 40.00
City McLean	State VA	Zip Code 22101
Purpose of Disbursement Bank fee	Category/ Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 1445-A Laughlin Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4621 Amount of Each Disbursement this Period 40.00
City McLean	State VA	Zip Code 22101
Purpose of Disbursement Bank fee	Category/ Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Chalmers Pak Burch & Adams LLC		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 75 14th Street NE, Ste. 2725		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4679 Amount of Each Disbursement this Period 8340.02
City Atlanta	State GA	Zip Code 30309
Purpose of Disbursement Legal Services	Category/ Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	8420.02
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP

Full Name (Last, First, Middle Initial)

A. Connection Strategy, LLC

Mailing Address PO Box 2192

City: Arlington State: VA Zip Code: 22202

Purpose of Disbursement: Survey

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2016

FEC Identification Number

C
Transaction ID : SB21B.4705
 Amount of Each Disbursement this Period
 531.70

Memo Item

Full Name (Last, First, Middle Initial)

B. Cygnal, LLC

Mailing Address PO Box 96503 #68517

City: Washington State: DC Zip Code: 20090

Purpose of Disbursement: Polling

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C
Transaction ID : SB21B.4680
 Amount of Each Disbursement this Period
 39968.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GRAETER, MEGAN, , ,

Mailing Address 7911 TOLLS LANE

City: LOUISVILLE State: KY Zip Code: 40214

Purpose of Disbursement: Administrative services

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2016

FEC Identification Number

C
Transaction ID : SB21B.4694
 Amount of Each Disbursement this Period
 135.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

40634.70

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP

Full Name (Last, First, Middle Initial)

A. INTEGRATED CAMPAIGN SOLUTIONS

Mailing Address 526 DAROCO AVE.

City CORAL GABLES State FL Zip Code 33146

Purpose of Disbursement Fundraising services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2016

FEC Identification Number

C
Transaction ID : SB21B.4667
Amount of Each Disbursement this Period
25000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Rally.org

Mailing Address 995 Market St.
2nd Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Credit card processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2016

FEC Identification Number

C
Transaction ID : SB21B.4695
Amount of Each Disbursement this Period
158.30

Memo Item

Full Name (Last, First, Middle Initial)

C. Rally.org

Mailing Address 995 Market St.
2nd Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Credit card processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C
Transaction ID : SB21B.4696
Amount of Each Disbursement this Period
158.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

25316.60

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP

Full Name (Last, First, Middle Initial)

A. Rally.org

Mailing Address 995 Market St.
2nd Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Credit card processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C
Transaction ID : SB21B.4663
Amount of Each Disbursement this Period
395.30

Memo Item

Full Name (Last, First, Middle Initial)

B. Rally.org

Mailing Address 995 Market St.
2nd Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Credit card processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2016

FEC Identification Number

C
Transaction ID : SB21B.4669
Amount of Each Disbursement this Period
158.30

Memo Item

Full Name (Last, First, Middle Initial)

C. Rally.org

Mailing Address 995 Market St.
2nd Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2016

FEC Identification Number

C
Transaction ID : SB21B.4662
Amount of Each Disbursement this Period
5056.90

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5610.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP

A. RUNSWITCH LLC

Full Name (Last, First, Middle Initial)

Mailing Address 9300 Shelbyville Rd.
Suite 1005

City Louisville State KY Zip Code 40222

Purpose of Disbursement Political consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.4678**

Amount of Each Disbursement this Period: 5012.00

Memo Item

B. RUNSWITCH LLC

Full Name (Last, First, Middle Initial)

Mailing Address 9300 Shelbyville Rd.
Suite 1005

City Louisville State KY Zip Code 40222

Purpose of Disbursement Political consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 28 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.4622**

Amount of Each Disbursement this Period: 10014.04

Memo Item

C. The Republican Party of Kentucky

Full Name (Last, First, Middle Initial)

Mailing Address 105 West Third Street

City Frankfort State KY Zip Code 40601

Purpose of Disbursement In-kind - non-federal photo copies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 26 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.4656**

Amount of Each Disbursement this Period: 16.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15042.34

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP

Full Name (Last, First, Middle Initial)

A. The Republican Party of Kentucky

Mailing Address 105 West Third Street

City Frankfort State KY Zip Code 40601

Purpose of Disbursement
In-kind - Non-federal polling

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2016

FEC Identification Number

C

Transaction ID : SB21B.4658
Amount of Each Disbursement this Period

18000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

18000.00

113224.16

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP

A. Connection Strategy, LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2192

City Arlington State VA Zip Code 22202

Purpose of Disbursement Non-federal phone calls

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB29.4691

Amount of Each Disbursement this Period: 4503.94

Memo Item

B. Grit Creative LLC

Full Name (Last, First, Middle Initial)

Mailing Address 324 Capital Ave.

City Frankfort State KY Zip Code 40601

Purpose of Disbursement Non-federal media buy

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : SB29.4697

Amount of Each Disbursement this Period: 114711.78

Memo Item

C. Grit Creative LLC

Full Name (Last, First, Middle Initial)

Mailing Address 324 Capital Ave.

City Frankfort State KY Zip Code 40601

Purpose of Disbursement Non-federal media buy

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB29.4671

Amount of Each Disbursement this Period: 3538.63

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 122754.35

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP

Full Name (Last, First, Middle Initial)

A. Grit Creative LLC

Mailing Address 324 Capital Ave.

City Frankfort State KY Zip Code 40601

Purpose of Disbursement
Non-federal media buy

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C
Transaction ID : **SB29.4666**
Amount of Each Disbursement this Period
111286.20

Memo Item

Full Name (Last, First, Middle Initial)

B. Grit Creative LLC

Mailing Address 324 Capital Ave.

City Frankfort State KY Zip Code 40601

Purpose of Disbursement
Non-federal media buy

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2016

FEC Identification Number

C
Transaction ID : **SB29.4625**
Amount of Each Disbursement this Period
10510.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JAMESTOWN ASSOCIATES

Mailing Address 116 Craig Road

City Manalapan State NJ Zip Code 07726

Purpose of Disbursement
Non-federal media buy

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2016

FEC Identification Number

C
Transaction ID : **SB29.4672**
Amount of Each Disbursement this Period
285744.84

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

407541.04

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP

Full Name (Last, First, Middle Initial)

A. JAMESTOWN ASSOCIATES

Mailing Address 116 Craig Road

City Manalapan State NJ Zip Code 07726

Purpose of Disbursement
Non-Federal media buy

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4665
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. JAMESTOWN ASSOCIATES

Mailing Address 116 Craig Road

City Manalapan State NJ Zip Code 07726

Purpose of Disbursement
Non-federal media buy

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4668
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. REPUBLICAN STATE LEADERSHIP COMMITTEE

Mailing Address 1201 F STREET NW
SUITE 675

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

C30002067
Transaction ID : SB29.4693
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 22 OF 34
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Chalmers Pak Burch & Adams LLC			Nature of Debt (Purpose): Legal Services
Mailing Address 75 14th Street NE, Ste. 2725			
City Atlanta	State GA	Zip Code 30309	

Outstanding Balance Beginning This Period 8340.02	Transaction ID : SD10.4584	
Amount Incurred This Period 0.00	Payment This Period 8340.02	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Chalmers Pak Burch & Adams LLC			Nature of Debt (Purpose): Legal Services
Mailing Address 75 14th Street NE, Ste. 2725			
City Atlanta	State GA	Zip Code 30309	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4677	
Amount Incurred This Period 22345.13	Payment This Period 0.00	Outstanding Balance at Close of This Period 22345.13

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cygnal, LLC			Nature of Debt (Purpose): Polling
Mailing Address PO Box 96503 #68517			
City Washington	State DC	Zip Code 20090	

Outstanding Balance Beginning This Period 39968.00	Transaction ID : SD10.4587	
Amount Incurred This Period 0.00	Payment This Period 39968.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	22345.13
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 34
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RUNSWITCH LLC			Nature of Debt (Purpose): Political consulting
Mailing Address 9300 Shelbyville Rd. Suite 1005			
City Louisville	State KY	Zip Code 40222	

Outstanding Balance Beginning This Period <input type="text" value="5012.00"/>	Transaction ID : SD10.4582	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="5012.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="22345.13"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="22345.13"/>

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) KENTUCKIANS FOR STRONG LEADERSHIP	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00543256 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Connection Strategy, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2016		
Mailing Address PO Box 2192			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 13154.60 </div>		
City Arlington	State VA	Zip Code 22202			
Purpose of Expenditure Phone calls		Category/Type 004	Transaction ID : SE.4588 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> KY </u>		
Calendar Year-To-Date Per Election for Office Sought 651836.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item Connection Strategy, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2016		
Mailing Address PO Box 2192			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 10054.06 </div>		
City Arlington	State VA	Zip Code 22202			
Purpose of Expenditure Phone calls		Category/Type 004	Transaction ID : SE.4611 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> KY </u>		
Calendar Year-To-Date Per Election for Office Sought 751074.19			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 23208.66 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, G., ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) KENTUCKIANS FOR STRONG LEADERSHIP	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00543256 </div>
---	--

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Connection Strategy, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2016	
Mailing Address PO Box 2192		Amount 2749.64	
City Arlington	State VA	Zip Code 22202	Transaction ID : SE.4614
Purpose of Expenditure Phone calls		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> KY </u>
Calendar Year-To-Date Per Election for Office Sought		753823.83	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Connection Strategy, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016	
Mailing Address PO Box 2192		Amount 14743.01	
City Arlington	State VA	Zip Code 22202	Transaction ID : SE.4618
Purpose of Expenditure Phone calls		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> KY </u>
Calendar Year-To-Date Per Election for Office Sought		768566.84	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	17492.65
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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Adams, Michael, G., ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) KENTUCKIANS FOR STRONG LEADERSHIP	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00543256 </div>
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Grit Creative LLC	Date of Public Distribution/Dissemination 10 / 24 / 2016						
Mailing Address 324 Capital Ave.	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">19500.00</div> Transaction ID : SE.4553 Date of Disbursement or Obligation 10 / 24 / 2016						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Frankfort</td> <td>KY</td> <td>40601</td> </tr> </table>		City	State	Zip Code	Frankfort	KY	40601
City		State	Zip Code				
Frankfort	KY	40601					
Purpose of Expenditure Digital advertising							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u> KY </u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">434685.01</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item Grit Creative LLC	Date of Public Distribution/Dissemination 10 / 25 / 2016						
Mailing Address 324 Capital Ave.	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">61254.00</div> Transaction ID : SE.4554 Date of Disbursement or Obligation 10 / 24 / 2016						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Frankfort</td> <td>KY</td> <td>40601</td> </tr> </table>		City	State	Zip Code	Frankfort	KY	40601
City		State	Zip Code				
Frankfort	KY	40601					
Purpose of Expenditure TV advertising							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u> KY </u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">495939.01</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">80754.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Adams, Michael, G., ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) KENTUCKIANS FOR STRONG LEADERSHIP	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00543256 </div>
---	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Grit Creative LLC	Date of Public Distribution/Dissemination 10 / 25 / 2016						
Mailing Address 324 Capital Ave.	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">70431.00</div> Transaction ID : SE.4555 Date of Disbursement or Obligation 10 / 25 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Frankfort</td> <td>KY</td> <td>40601</td> </tr> </table>		City	State	Zip Code	Frankfort	KY	40601
City		State	Zip Code				
Frankfort	KY	40601					
Purpose of Expenditure TV advertising							

Name of Federal Candidate: <input type="checkbox"/> Support CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> KY </u>
Calendar Year-To-Date Per Election for Office Sought 612202.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Grit Creative LLC	Date of Public Distribution/Dissemination 10 / 25 / 2016						
Mailing Address 324 Capital Ave.	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10003.00</div> Transaction ID : SE.4556 Date of Disbursement or Obligation 10 / 25 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Frankfort</td> <td>KY</td> <td>40601</td> </tr> </table>		City	State	Zip Code	Frankfort	KY	40601
City		State	Zip Code				
Frankfort	KY	40601					
Purpose of Expenditure Radio advertising							

Name of Federal Candidate: <input type="checkbox"/> Support CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> KY </u>
Calendar Year-To-Date Per Election for Office Sought 622205.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">80434.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, G., ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) KENTUCKIANS FOR STRONG LEADERSHIP	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00543256 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Grit Creative LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 25 / 2016</div>			
Mailing Address 324 Capital Ave.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">9000.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Frankfort</td> <td style="width:17%; padding: 2px;">State KY</td> <td style="width:50%; padding: 2px;">Zip Code 40601</td> </tr> </table>		City Frankfort	State KY	Zip Code 40601
City Frankfort		State KY	Zip Code 40601	
Purpose of Expenditure TV production				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u> KY </u>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">631205.26</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item Grit Creative LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 25 / 2016</div>			
Mailing Address 324 Capital Ave.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2500.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Frankfort</td> <td style="width:17%; padding: 2px;">State KY</td> <td style="width:50%; padding: 2px;">Zip Code 40601</td> </tr> </table>		City Frankfort	State KY	Zip Code 40601
City Frankfort		State KY	Zip Code 40601	
Purpose of Expenditure Radio production				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u> KY </u>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">633705.26</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">11500.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Adams, Michael, G., , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP
FEC IDENTIFICATION NUMBER
C C00543256

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Grit Creative LLC
Mailing Address 324 Capital Ave.
City Frankfort State KY Zip Code 40601
Purpose of Expenditure Direct mail Category/Type 004
Date of Public Distribution/Dissemination 11/01/2016
Amount 4976.40
Transaction ID: SE.4591
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President Senate State: KY
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Grit Creative LLC
Mailing Address 324 Capital Ave.
City Frankfort State KY Zip Code 40601
Purpose of Expenditure TV advertising Category/Type 004
Date of Public Distribution/Dissemination 10/31/2016
Amount 12210.00
Transaction ID: SE.4598
Date of Disbursement or Obligation 10/31/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President Senate State: KY
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 17186.40
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, G.,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) KENTUCKIANS FOR STRONG LEADERSHIP	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00543256 </div>
---	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Grit Creative LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 01 / 2016 </div>
Mailing Address 324 Capital Ave.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1000.00 </div>
City: Frankfort State: KY Zip Code: 40601	Transaction ID : SE.4599 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 31 / 2016 </div>
Purpose of Expenditure: Radio production Category/Type: 004	Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: KY
Calendar Year-To-Date Per Election for Office Sought: <div style="border: 1px solid black; padding: 2px; display: inline-block;">724750.13</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Grit Creative LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 01 / 2016 </div>
Mailing Address 324 Capital Ave.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11770.00 </div>
City: Frankfort State: KY Zip Code: 40601	Transaction ID : SE.4600 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 31 / 2016 </div>
Purpose of Expenditure: Radio advertising Category/Type: 004	Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: KY
Calendar Year-To-Date Per Election for Office Sought: <div style="border: 1px solid black; padding: 2px; display: inline-block;">736520.13</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">12770.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, G., ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) KENTUCKIANS FOR STRONG LEADERSHIP	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00543256 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item JAMESTOWN ASSOCIATES		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2016	
Mailing Address 116 Craig Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7725.00</div>	
City Manalapan	State NJ	Zip Code 07726	Transaction ID : SE.4549
Purpose of Expenditure TV advertising		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> KY </u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">503664.01</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item JAMESTOWN ASSOCIATES		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2016	
Mailing Address 116 Craig Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">31607.25</div>	
City Manalapan	State NJ	Zip Code 07726	Transaction ID : SE.4550
Purpose of Expenditure Radio advertising		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> KY </u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">535271.26</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">39332.25</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Adams, Michael, G., , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
KENTUCKIANS FOR STRONG LEADERSHIP
FEC IDENTIFICATION NUMBER
C C00543256

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
JAMESTOWN ASSOCIATES
Mailing Address
116 Craig Road
City
Manalapan State
NJ Zip Code
07726
Purpose of Expenditure
Radio production Category/Type
004
Date of Public Distribution/Dissemination
10 / 25 / 2016
Amount
1500.00
Transaction ID : SE.4551
Date of Disbursement or Obligation
10 / 25 / 2016

Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State: KY
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
JAMESTOWN ASSOCIATES
Mailing Address
116 Craig Road
City
Manalapan State
NJ Zip Code
07726
Purpose of Expenditure
TV production Category/Type
004
Date of Public Distribution/Dissemination
10 / 25 / 2016
Amount
5000.00
Transaction ID : SE.4552
Date of Disbursement or Obligation
10 / 25 / 2016

Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State: KY
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 6500.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, G.,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) KENTUCKIANS FOR STRONG LEADERSHIP	FEC IDENTIFICATION NUMBER ▼ C C00543256
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item JAMESTOWN ASSOCIATES		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 116 Craig Road		Amount <input type="text"/>
City Manalapan	State NJ	Zip Code 07726
Purpose of Expenditure TV advertising	Category/Type <input type="text"/>	Transaction ID : SE.4595 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> KY </u>
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <input type="checkbox"/> Memo Item JAMESTOWN ASSOCIATES		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 116 Craig Road		Amount <input type="text"/>
City Manalapan	State NJ	Zip Code 07726
Purpose of Expenditure Radio advertising	Category/Type <input type="text"/>	Transaction ID : SE.4596 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> KY </u>
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item JAMESTOWN ASSOCIATES		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 116 Craig Road		Amount <input type="text"/>
City Manalapan	State NJ	Zip Code 07726
Purpose of Expenditure Radio advertising	Category/Type <input type="text"/>	Transaction ID : SE.4596 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> KY </u>
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, G., ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) KENTUCKIANS FOR STRONG LEADERSHIP	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00543256 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item JAMESTOWN ASSOCIATES		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016	
Mailing Address 116 Craig Road		Amount 1500.00	
City Manalapan	State NJ	Zip Code 07726	Transaction ID : SE.4597
Purpose of Expenditure Radio production		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> KY </u>
Calendar Year-To-Date Per Election for Office Sought 738020.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item JAMESTOWN ASSOCIATES		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2016	
Mailing Address 116 Craig Road		Amount 3000.00	
City Manalapan	State NJ	Zip Code 07726	Transaction ID : SE.4608
Purpose of Expenditure Radio advertising		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> KY </u>
Calendar Year-To-Date Per Election for Office Sought 741020.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	4500.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	353381.83

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, G., ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature