STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Onward Together PAC PO Box 6151 ADDRESS (number and street) (Check if address is changed) Louisville 40206 KY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@onwardtogetherpac.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.onwardtogetherpac.org (Check if address is changed) DATE 2017 C00638874 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Hobbs, Jennifer, , , Type or Print Name of Treasurer Hobbs, Jennifer, , , [Electronically Filed] 06 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

| FF0 = | 4 (Davided 00/0000) | D 0 | |
|--|---|--|--|
| | orm 1 (Revised 02/2009) COMMITTEE | Page 2 | |
| | e 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. (Compinformation below.) | plete the candidate | |
| Name of Candidate | | | |
| Candidate Party Affiliat | ion Office Sought: House Senate President | State District | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | |
| Name of Candidate | | | |
| Party Cor | | _ | |
| (d) | | Democratic, Republican, etc.) Party | |
| Political A | Action Committee (PAC): | | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nected organization is | |
| _ | 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 segrega 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 Fund | draising Representative: | | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political | |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political | |
| Com | nmittees Participating in Joint Fundraiser | | |
| 1. | FEC ID number | | |
| 2. | FEC ID number | | |
| 3. | FEC ID number | | |
| 4. | | | |

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|--------------------------------|---|----------------------------|
| Write or Type Committee | Name | |
| Onward Toge | ether PAC | |
| | cted Organization, Affiliated Committee, Joint Fundraising Representative, or Lo | eadership PAC Sponsor |
| NONE | | |
| | | |
| Mailing Address | | |
| J | | |
| | | |
| | CITY STATE | ZIP CODE |
| | nected Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| books and records. | : Identify by name, address (phone number optional) and position of the person | in possession of committee |
| Hobb Full Name | bs, Jennifer, , , | |
| Mailing Address | 1111 W Lexington Ave | |
| maining ridarese | | |
| | Danville KY 4 | 0422 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number 859 | 5031 |
| | ne and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer). | the name and address of |
| Full Name Hobb of Treasurer | os, Jennifer, , , | |
| Mailing Address | 1111 W Lexington Ave | |
| | | |
| | Danville KY 40 | 0422 |
| Title or Position Treasurer | CITY STATE | ZIP CODE |
| | Telephone number |]-[] |

9.

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|--|--------------------------|---------------|--|--|--|--|
| | | | | | | |
| Full Name of Designated Agent Hobbs, Je | nnifer, , , | | | | | |
| Mailing Address | 1111 W Lexington Ave | | | | | |
| | | | | | | |
| | Danville CITY STATE Z | IP CODE | | | | |
| Title or Position | | 00 5031 | | | | |
| 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. U.S. Bank | | | | | | |
| Mailing Address | 111 S. 4th St. | | | | | |
| | | | | | | |
| | Danville KY 40422 | | | | | |
| | CITY STATE Z | IP CODE | | | | |
| Name of Bank, Depository, etc. | | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | CITY STATE Z | IP CODE | | | | |