THIS SPACE FOR REGISTRY USE ONLY KENTUCKY REGISTRY OF ELECTION FINANCE 140 Walnut Street, Frankfort, KY 40601-3240 (502) 573-2226 / FAX (502) 573-5622 or (502) 573-0275 www.kref.ky.gov POLITICAL ORGANIZATION REGISTRATION (Please type or print) DATE RECEIVED Name - Do not include candidate's name in committee name unless authorized by candidate. (KRS 121.210(4)). Acronyms are permitted but full title from which derived must be shown. (KRS 121.170). Mailing address (including city, state and zip) Daytime Telephone Number State the name of sponsor, the specific source of funds and the purpose. (Permanent committees must list DATE APPROVED the major business, social, or political interest represented. Caucus campaign committees must list affiliated state executive committee and provide a copy of political party bylaws or other governing document.) **ORGANIZATION TYPE:** (check one – see KRS 121.015 for definitions) DATES OF PLANNED ACTIVITY: (Organizations with on-going activity use "Indefinite") ☐ CAMPAIGN COMMITTEE: ☐ CANDIDATE AUTHORIZED ☐ UNAUTHORIZED **EXECUTIVE COMMITTEE**: ☐ COUNTY ☐ STATE ☐ BUILDING FUND ☐ OTHER FROM: ☐ CAUCUS CAMPAIGN COMMITTEE: ☐ HOUSE ☐ SENATE PERMANENT COMMITTEE (PAC) THROUGH: □ POLITICAL ISSUES COMMITTEE □ INAUGURAL COMMITTEE □ INDEFINITE ☐ CONTRIBUTING ORGANIZATION NOTE: The chairperson and the treasurer shall be separate persons. The official contact person of a permanent committee shall not be a legislative agent or an executive agency lobbyist. See KRS 121.170. CHAIRPERSON INFORMATION: Name of Chairperson **Email Address** Mailing Address: Street, PO Box, Rural Route City Zip Code **Daytime Telephone Number Home Telephone Number** TREASURER AND DEPOSITORY INFORMATION: Name of Treasurer **Email Address:** Mailing Address: Street, PO Box, Rural Route City Zip Code State Telephone Number Alternate Telephone Number Name of Financial Institution Intended for Use as Campaign Depository Address of Financial institution Intended for Use as Campaign Depository **OFFICIAL CONTACT PERSON INFORMATION:** Name of Contact Person **Email Address** Mailing Address: Street, PO Box, Rural Route City State Zip Code

Home Telephone Number



Daytime Telephone Number

This Section to be completed by Campaign Committees ONLY Candidate or Slate of Candidates to be supported by committee, if applicable: Party Affiliation Name of candidate (or if Slate: candidate for Governor) Mailing Address (Including city, state and zip) Office Sought Party Affiliation Name of candidate for Lt. Governor (if Slate) Mailing Address (Including city, state and zip) Office Sought For unauthorized campaign committees, if candidate is unknown or several candidates will be supported by independent expenditures, check here: Does the candidate's name appear in the name of the committee? **YES NO** (Required if unauthorized) Has the candidate approved use of his/her name? ☐ YES (See Candidate's Authorization Box at bottom) **NO** (If unauthorized) This Section to be completed by Political Issues Committees ONLY Constitutional amendment or public question to be advocated or opposed: This committee \(\subseteq \text{Supports} \) or \(\subseteq \text{Opposes} \) the above listed constitutional amendment or public question. This committee: ☐ Expect to raise or spend more than \$3,000 to support or oppose this matter. ☐ Expect to raise or spend \$3,000 or less to support or oppose this matter. **VERIFICATION BY OATH OR AFFIRMATION** We, the undersigned, state we are the Chairperson and Treasurer of the above described committee or contributing organization and the information provided in this Registration is true, correct and complete. Signature of Chairperson Date Signature of Treasurer Date CANDIDATE'S AUTHORIZATION (If Applicable) I have read and understand the conditions of KRS 121.180(9), and further understand that I am personally relieved from filing any CANDIDATE ELECTION FINANCE STATEMENT, as long as I comply with these conditions. I will immediately notify the Registry of Election Finance if I can no longer comply with these conditions, and I will subsequently file any and all reports required by KRS Chapter 121. hereby agree to the above statement and authorize the use of my name by this Print Candidate's Name (or if Slate: candidate for Governor) committee. Signature of Candidate (or if Slate: Candidate for Governor) Date hereby agree to the above statement and authorize the use of my name by this Print Candidate's Name for Lt. Governor (if Slate) committee. Signature of Candidate for Lt. Governor (if Slate) Date