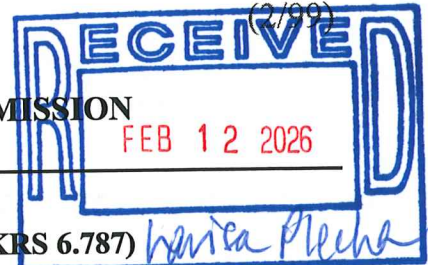


KENTUCKY LEGISLATIVE ETHICS COMMISSION



STATEMENT OF FINANCIAL DISCLOSURE (KRS 6.787)

To be filed by: All members of the General Assembly, all candidates and nominees for election to the General Assembly, and major management personnel in the legislative branch of state government.

Please Include The Following Information For The Preceding Calendar Year:

Name: Kenneth Upchurch

Business address: P.O. Box 969 Monticello Kentucky 42633

Business telephone: 6063074870

Home address: [REDACTED]

Title of public position, or office sought: State Representative

Other occupations of filer: Insurance Agent, Upchurch Insurance & Financial Services

Occupation of spouse: Nurse

NOTE: The Following Sections Do Not Require Disclosure Of Specific Dollar Amounts.

Positions held by filer in any business, partnership, corporation for profit, or corporation not for profit from which the filer receives compensation, and the name of the business, partnership, or corporation:

Insurance Agent, Upchurch Insurance & Financial Services

Owner, KHU Communications

Partner, June Bug Farms, LLC

Positions held by filer's spouse in any business, partnership, corporation for profit, or corporation not for profit from which the filer's spouse receives compensation, and the name of the business, partnership, or corporation:

Nurse

Lake Cumberland Regional Hospital

Names and addresses of all businesses, investments, or securities in which the filer, filer's spouse, or filer's minor children had at any time during the reporting year an interest of \$10,000 at fair market value, or 5% ownership interest or more:

Kentucky Deferred Comp/Vanguard

501 High Street 2nd Floor
Frankfort, KY 40601

Charles Schwab
3000 Schwab Way
Westlake, TX 76262

June Bug Farms, LLC
P.O. Box 969
Monticello, KY 42633

KHU Communications
P.O. Box 969
Monticello, KY 42633

Sources and form of gross income of the filer (list sources by name):

Commonwealth of KY

Insurance Agent, Upchurch Insurance & Financial Services

KHU Communications

June Bug Farms, LLC

Sources and form of gross income of the filer's spouse (list sources by name):

Lake Cumberland Regional Hospital

Positions of a fiduciary nature in a business:

N/A

A designation as commercial, residential, or rural, and the location of all real property other than the filer's primary residence, in which there is an interest of \$10,000 or more held by the filer, filer's spouse, or filer's minor children:

N/A

Sources of gifts of money or property with a retail value of more than \$200 to the filer or the filer's immediate family, except those from a member of the filer's family. (Family means spouse, parent, sibling, child, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent, or grandchild. Immediate family means unemancipated child residing in an individual's household, spouse, or a person claimed by the filer's spouse as a dependent for tax purposes.):

N/A

The name of any creditor owed more than \$10,000 **except** debts arising from the purchase of consumer goods. (Goods used or bought for use primarily for personal, family, or

household purposes):

First Southern National Bank

The name of any legislative agent who is:

1. A member of the filer's immediate family;
2. A partner of the filer, or a partner of a member of the filer's immediate family;
3. An officer or director of the filer's employer;
4. An employer of the filer or an employer of a member of the filer's immediate family;
5. A business associate of the filer or a business associate of a member of the filer's immediate family

N/A

The names of the filer's clients who are legislative agents or employers:

N/A

If you have held a professional license during the filing period, has a properly licensed partner of yours engaged in the practice of cases or other matters which you are prohibited from practicing under KRS 6.744? : Yes No Not Applicable

If yes, list the names of the clients represented and list the agencies before which the partner made an appearance. The filer need not identify which client was represented before a specific agency:

Clients

N/A

State Agency

N/A

NOTICES

1. Upon receipt by the Commission, a statement of financial disclosure shall be a public record available for copying.
2. Any person who fails to file a statement of financial disclosure or who fails to remedy a deficiency identified by the Commission in a timely manner may be fined an amount not to exceed \$100 per day up to a maximum total fine of \$1000.
3. Any person who files a statement of financial interests which they know to contain

false information, or to omit required information, shall be guilty of a class A misdemeanor.

02/12/26

Date

Kenneth H. Upchurch

Filer

Send completed statements to: The Kentucky Legislative Ethics Commission
22 Mill Creek Park
Frankfort, Kentucky 40601
FAX (502) 573-2929

If you have questions please call us at (502) 573-2863.