Image# 201702049042413028											
Г											

02/04/2017 07 : 11

Image# 201702049042	2413028 I							PAG	E 1 / 4 —
FEC FORM 1		STATEM ORGANI							, .
		(0)					Office Us	se Only	
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple:If typing, typ the lines.	pe	12FE4M	5		
ADDRESS (number a) Box 30873							
(Check if a is changed									
le changee	,	arksville └──└──└──└──└──└── CITY ▲				LTN STATE ▲	37040		<u> </u>
COMMITTEE'S E-MA	AIL ADDRESS								
(Check if a is changed		fo@nopublicdebt.	org						
	,	tional Second E-Mail	Address						
COMMITTEE'S WEB	address _I htt	SS (URL) p://www.nopublicdebt.c	org 		1 1 1				
2. DATE 02	M / D D 2 04	2017							
3. FEC IDENTIFIC	CATION NUMB	R ► C	C0062905	5					
4. IS THIS STATEN	MENT ¥	NEW (N) OR	: 🗌	AMENDED	(A)				
I certify that I have e	examined this St	atement and to the b	pest of my k	nowledge and be	elief it is	true, corre	ct and com	olete.	
Type or Print Name	of Treasurer P	arker, Leonard, Tracy,	3						
Signature of Treasure	Parker, Leo	nard, Tracy, ,		[Electronically File	ed] [Date)2 / D	D / Y 4	2017
NOTE: Submission of		or incomplete informa CHANGE IN INFORM						ties of 2 U.S	S.C. §437g.
Office Use Only				For further informa Federal Election Co Toll Free 800-424-9 Local 202-694-1100	ommission 9530	tact:		C FORM	

-	-
FEC FC	Page 2
TYPE OF C	COMMITTEE
Candidat	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. (Complete the candidate information below.)
Name of Candidate	
Candidate Party Affiliat	ion Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Cor	
(d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Part
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part 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 two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Con	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

I

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

No Public Debt

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

Mailing Address										
		CITY	STATE	ZIP CODE						
	 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee 									
Parke	r, Leonard, Tracy, ,									
Mailing Address	PO Box 30873									
	Clarksville			37040						

Treasurer	Telephone number	404 545 3058
-----------	------------------	--------------

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Parker, Leonard, Tracy, ,	
Mailing Address	PO Box 30873	
	Clarksville TN 37040 -	
	CITY STATE ZIP CODE	
Title or Position Treasurer	Telephone number	58

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent			I	I		1							 										1							
Mailing Address																														
			L																1									1		
					1			1	1												1		L					I		
	CITY									STATE ZIP CODE																				
Title or Position																														
															Tele	eph	ione	e n	uml	ber										

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Wells	-argo		
Mailing Address	7514 Highway 70 S		
	Nashville		7221
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE