2018-08-29-03-00228042

AND DELIVERED

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2018 AUG 28 PM 4: 24

| <u> </u> | | | | | | | Off | ice Use Only | |
|--|-----------|----------------------------|----------|-----------------------------|---------------|---------------|---------------|--------------|--------------|
| NAME OF COMMITTEE (in full) | | (Check if name is changed) | | nple:If typir the lines. | ng, type | 12FE4 | 1M5 | | - |
| NOOGA PAC | | | 1 1 1 | | | 111 | 111 | <u> </u> | لــــــا |
| | | 11111 | 111 | 1.1.1 | 1111 | 111 | 1 1 1 | 111 | |
| ADDRESS (number and street) | 735 E | Broad Street | | 1 1 | | | | | |
| (Check if address is changed) | Suite | 1000 | 1 . 11 | | | | | <u> </u> | |
| | | anooga | <u> </u> | | لـنــا | TN STATE 4 | 374 | | CODE ▲ |
| COMMITTEE'S E-MAIL ADDRESS | | | | | | | | | |
| (Check if address is changed) | brjan | @pcsolutions.com | 1 1 1 | 1111 | -1 | 1 1 1 | | | |
| | Option | al Second E-Mail Ac | dress | | | | | | |
| | L | | | | 1.1.1.1 | 1.1.1 | _ | 111 | |
| COMMITTEE'S WEB PAGE ADI | DRESS | | | 1 1 1 1 | | | <u> </u> | | |
| 2. DATE 08 23 2018 | | | | | | | | | |
| 3. FEC IDENTIFICATION N | JMBER | C | | | | | | | |
| 4. IS THIS STATEMENT | NE | EW (N) OR | | AMEN | DED (A) | | | | |
| I certify that I have examined the | nis State | ment and to the bes | st of my | knowledge a | and belief it | is true, co | orrect and | complete. | ··· |
| Type or Print Name of Treasure | r Bria | an L. O'Shaughn | essy | | \rightarrow | <u>, -</u> | | | |
| Signature of Treasurer | 500 | Jeflous | 4 | | | Date | 08 | 23 | 2018 |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. | | | | | | | | | |
| Office Use Only | | | | | | | | FEC FO | |

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FEC ID number C

Page 2

FEC Form 1 (Revised 02/2009)

TYPE OF COMMITTEE

| | | - I | | | | | | |
|--|--|--|--|--|--|--|--|--|
| FEC Form 1 (Revised C | | Page 3 | | | | | | |
| Write or Type Committee Name | | | | | | | | |
| NOOGA PAC | | | | | | | | |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor | | | | | | | | |
| Fleischmalnn, Charles | | | | | | | | |
| | '''' | | | | | | | |
| | | | | | | | | |
| Mailing Address | [РФ Вох 11091 | | | | | | | |
| | | | | | | | | |
| | Chattanboda | | | | | | | |
| | CITY STATE | ZIP CODE | | | | | | |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor | | | | | | | | |
| Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. | | | | | | | | |
| Full Name O'Shaugh | nnessy, Brjan L., , , , , , , , , , , , , , , , , , , | لتستني | | | | | | |
| Mailing Address | 735 Broad Street | | | | | | | |
| | Suite ₁ 1000 | | | | | | | |
| | Chattanooga TN 37,402 | | | | | | | |
| Title or Position | CITY STATE | ZIP CODE | | | | | | |
| Custodian Of Records | Telephone number [423] – [20 | 67 , _ [3832, ,] | | | | | | |
| 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 O'Shaugh | nnjessy, Brjan L., , , , , , , , , , , , , , , , , , , | | | | | | | |
| Mailing Address | 735 Broad Street | | | | | | | |
| | [Syite ₁ 1000 | | | | | | | |
| | Chattanooga TN 37402 | ZIP CODE | | | | | | |
| Title or Position | | | | | | | | |
| Treasurer | Telephone number 423 – 20 | 67 3832 | | | | | | |

2018--08--29--03--00228045

Hand Delivered

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

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| Postmark Illegible | | | | | |
| No Postmark | | | | | |
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| Received from Senate Public Records Office | Date of Receipt | | | | |
| Received from Electronic Filing Office | Date of Receipt | | | | |
| Other (Specify): | ceipt or Postmarked | | | | |
| 1. (7)() | 8/29/12 | | | | |
| PREPARER WDO (3/2015) | / DATE PREPARED | | | | |