FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	· ·					
		(See instruction	ns)		Office use only	
1. NAME OF COMMITTEE (i	n full)	(Check if name is changed)	Example: If typying, tover the lines	ype 12FE	1M5	
Davidson Co	unty Democratic I	Executive Comn	nittee			
ADDRESS (number an	d street)	/hite Bridge Rd				لــــــا
X (Check if add		e 412				لتتت
is changed)	Nasi	hville		TN	37205	لتتتا
COMMITTEE'S E-M	All ADDDESS		CITY▲	STATE	ZIP COD	E 📥
	@davidsondemoc	rats.com				1
						لسسا
COMMITTEE'S WEI	B PAGE ADDRESS (U	JRL)				
www.davids	ondemocrats.com					
						لــــــا
COMMITTEE'S FAX 6153545455	NUMBER					
2. DATE M	M / D D / Y	2007				
3. FEC IDENTIFICATION NUMBER C C00405894						
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)						
I certify that I have example	mined this Statement and	d to the best of my kno	owledge and belief it is true, o	correct and complete	1	
Type or Print Name of	of Treasurer	Linda McFadyer	Ketchum			
Signature of Treasure	er Electronically File	ed by Linda Mc	Fadyen Ketchum	Date	1 1 1 1 3 / N	Y 2007
NOTE: Submission of		•	y subject the person signing			7g.
Office Use Only			For further information Federal Election Toll Free 800-42 Local 202-694-1	4-9530	FEC FOR (Revised 02/2	

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5.	TYPE OF COMMIT	TEE (Check One)				
	(a) This	s committee is a principal campaign committee. (Complete the candidate information b	pelow.)			
	(-)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	Name of Candidate					
	Candidate Party Affiliation	Office Sought: House Senate	State President District			
	(c) This	committee supports/opposes only one candidate, and is NOT an authorized committee	е.			
	Name of Candidate					
	(d) X This	SUB (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
	(e) This committee is a separate segregated fund					
		committee supports/opposes more than one Federal candidate, and is NOT a separa mittee.	te segregated fund or party			
6.	Name of Any Conr	nected Organization or Affiliated Committee				
L						
L						
	Mailing Address					
		CITY STATE	Ž ZIP CODE ▲			
	Relationship					
	Type of Connected Organization:					
	Corporation	Corporation w/o Capital Stock	Labor Organization			
	Membershi	nip Organization Trade Association	Cooperative			

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W	rite or Type Committee Name							
	Davidson County Demo	cratic Executive Committee						
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
	Full Name Linda N	IcFadyen Ketchum						
	Mailing Address	5201 Park Ave.						
		Nashville		TN	37209			
	Title or Position ▼	CITY A	\$	STATE A	ZIP CODE	A		
	Treasurer		Telephone numb	615 er		4042		
	Full Name	designated agent (e.g., assistant tre	easurer).					
		Nashville		TN _	37209 _			
	Title or Position ♥	CITY A	\$	STATE A	ZIP CODE	.		
	Treasurer		Telephone numb	er 615	297	4042		
	Full Name of Designated Agent							
	Mailing Address							
	Title or Position ♥	CITY A	s	STATE A	ZIP CODE	A		
			Telephone numb	er				

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9.	s, rents		
	Mailing Address	Regions Bank 315 Deaderick St	
		Nashville TN 3723	38]_[
		CITY A STATE A ZIP	CODE A