STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ENNESSEE TOUGH PAC PO BOX 7208 ADDRESS (number and street) (Check if address is changed) KINGSPORT 37664 TN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS GHUSTED@HENRYALAN.COM (Check if address is changed) Optional Second E-Mail Address RP3@HENRYALAN.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 06 2021 C00765578 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. HUSTED, GEORGE, , , Type or Print Name of Treasurer HUSTED, GEORGE, , , [Electronically Filed] 04 06 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

EEA	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	1 aye 2
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected 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)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
(committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

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Write or Type Committee Name		-
TENNESSEE T	OUGH PAC	
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
DIANA VICTORY FUN	ID 	
	PO BOX 7208	
Mailing Address		
	KINGSPORT TN 37664	
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in pos-	session of committee
HUSTED,	GEORGE,,,	.
Mailing Address	PO BOX 3653	
	DUBLIN OH 43016	
Title or Position	CITY STATE 2	ZIP CODE
TREASURER		866 8229
3. Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; and the nan ssistant treasurer).	ne and address of
Full Name HUSTED, 0	GEORGE, , ,	
Mailing Address	PO BOX 3653	
	DUBLIN OH 43016	
Title or Position TREASURER		ZIP CODE 8229

	4 (5) 1 (4) 2 (4) 2 (4) 2	5 4
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Full Name of Designated Agent	PHILLIPS, ROBERT, , , III	
Mailing Address	PO BOX 3653	
	DUBLIN OH 43	3016 ZIP CODE
Title or Position DEPUTY TREA		_ 866 8229
Ranks or Other	r Depositories: List all banks or other depositories in which the committee deposits funds	s holds accounts rents
safety deposit bo	ooxes or maintains funds.	, notas adocums, romes
safety deposit bo	ooxes or maintains funds.	
safety deposit bo	Depository, etc. THE HUNTINGTON NATIONAL BANK 17 S HIGH ST	
safety deposit bo Name of Bank, I	Depository, etc. THE HUNTINGTON NATIONAL BANK 17 S HIGH ST	
safety deposit bo Name of Bank, I	Depository, etc. THE HUNTINGTON NATIONAL BANK 17 S HIGH ST	3215
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safety deposit bo Name of Bank, I	Depository, etc. THE HUNTINGTON NATIONAL BANK 17 S HIGH ST COLUMBUS CITY STATE	3215
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. THE HUNTINGTON NATIONAL BANK 17 S HIGH ST COLUMBUS CITY STATE	3215
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. THE HUNTINGTON NATIONAL BANK 17 S HIGH ST COLUMBUS CITY STATE Depository, etc.	3215
Name of Bank, I	Depository, etc. THE HUNTINGTON NATIONAL BANK 17 S HIGH ST COLUMBUS CITY STATE Depository, etc.	3215
Name of Bank, I	Depository, etc. THE HUNTINGTON NATIONAL BANK 17 S HIGH ST COLUMBUS CITY STATE Depository, etc.	3215

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	С
HARSHBARGER	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	PO BOX 7208		
	KINGSPORT	TN	37664
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		oint Fundraising Represent	ative
	y by name, address (phone number – optional)		Leadership FAC Sp
Designated Agent: Identi			ative K Leadership PAC Sp
Pesignated Agent: Identif			Leadership FAC Sp
Pesignated Agent: Identif			Leadership FAC Sp
Pesignated Agent: Identif	by by name, address (phone number – optional)		ZIP CODE A
Pesignated Agent: Identing Full Name Mailing Address	by by name, address (phone number – optional)		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A