1503-140-2475

FEC FORM

STATEMENT OF ORGANIZATION

RECEIVED

FORM 1		•	ONGANIZ.	ATION		2015 HAR Office	10 AM 6	, ։ է չ էչ
NAME OF COMMITTEE (in	ı full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE	- 1-1-1-1VI	ALL CER	En
TENNESSEE	RIGHT _I T	<u> O LIF</u>	FEING POLITIC	CAL ACTION COMMIT	<u> </u>			
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ADDRESS (number a	nd street)	LRO	BOX 110765	<u> </u>		1111		· ———
(Check if a		للا		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		1111		
		LNA	SHVILLE CITY.▲		STATE	<u> 3722</u>	ZIP COE	0 <mark>765 </mark> DE ▲
COMMITTEE'S E-M/	AIL ADDRES	SS	,					
☐ ◀ (Check if a		info	@tnrtl.org	.1			1111	
·			nal Second E-Mail Adbin@tnrtl.ong :				<u> </u>	
COMMITTEE'S WEE		DRESS	(URL)		· .			÷.
☐ ◀ (Check if is change)		· Lww	w.vote4life.org					
·		ــــــــــــــــــــــــــــــــــــــ	 	<u> </u>	.111			
2. DATE 03	3 O3	<u></u> ′ [2015					
3. FEC IDENTIFIC	CATION NU	JMBER	► C ₀	0221226				
4. IS THIS STATE	MENT	NE	EW (N) OR	AMENDED (A)				
I certify that I have	examined th	is State	ement and to the bes	st of my knowledge and belief	it is true, c	orrect and co	omplete.	
Type or Print Name	of Treasure	, <u>Jo</u>	seph E. Albin					
Signature of Treasur	er	Jo.	ryn Elli	lbu	Date	Ø3 '	07 2	2015
NOTE: Submission of	false, errone	ous, or	incomplete information	n may subject the person signing	this Staten	nent to the pe	nalties of 52 l	J.S.C. §30109

IOTE: 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.

L	Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM (Revised 06/2012

FE	EC Fo	rm 1 (Revised 02/2009)	Page 2				
TYPE OF COMMITTEE							
	Candidate Committee:						
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	Ц	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate				
	Name of Candidate						
Candid Party		Office Sought: House Senate President	State District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Candid							
Party	/ Con	nmittee:	(Damasakia				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Politi	_	Action Committee (PAC):					
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:				
		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 s committee. (i.e., nonconnected committee)	egregated 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	Fund	draising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
Committees Participating in Joint Fundraiser							
	1.	FEC ID number C					
	2.	FEC ID number C					
	3.	FEC ID number C					
	4.						

1503 140 2477

Write	or Type Committee Nan	пе				
Tennessee Right to Life Inc Political Action Committee						
6. Na	ame of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
/						
Hen	Inespee Right to	_ite_in¢				
Ш						
Ма	ailing Address	[PO Bbx 1 10765				
		Nashville				
		CITY STATE ZIP CODE				
Re	elationship: 🙀 Connect	ed Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor				
	istodian of Records: Idooks and records.	entify by name, address (phone number optional) and position of the person in possession of committee				
Fu	∥ _{Name} Josep	, nh ,E., Albin,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	ailing Address	PO,Box,110,765				
		Nashville				
Titl	le or Position	CITY STATE ZIP CODE				
· L	Treasurer	Telephone number 615 - 298 - 5433				
	easurer: List the name a y designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).				
	II Name Treasurer Josep	h E Albin				
Ma	ailing Address	PO Box 110765				
		Nashville 10765 TN 137222 - 10765				
Titf	le or Position	CITY STATE ZIP CODE				
	Çreaşurer,	Telephone number 615 - 298 - 5433				

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of Designated Agent	<u> </u>		
Mailing Address			
	CITY	STATE Z	ZIP CODE
Title or Position	т	elephone number	
safety deposit boxes or Name of Bank, Deposit		n the committee deposits funds, holds	accounts, rents
Mailing Address	150 3rd Ave \$	·	
			·
	<u>Nashville</u>	TNJ3720;	<u> </u>
•	CITY	STATE	ZIP CODE
Name of Bank, Deposit	tory, etc.		
L _L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	
Mailing Address			
		<u>+ 11[</u>	<u> </u>
	CITY	STATE	ZIP CODE

PO Box 110765

Nashville, TN 37222-0765 **BECEINED**

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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. Date of Receipt Hand Delivered Postmarked JSPS First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

(8/2013)