PAGE 1/8

STATEMENT OF **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. Tennessee Democratic Party 319 Plus Park Boulevard ADDRESS (number and street) Suite 202 (Check if address is changed) Nashville 37217 TN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pwhough@politicalcfos.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.tndp.org (Check if address is changed) DATE 25 2019 C00167346 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. McMillan, Geeta, , Dr., Type or Print Name of Treasurer McMillan, Geeta, , Dr., [Electronically Filed] 02 25 2019 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

ı	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	i age £
Can	ndidate	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
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	
(d)	×	This committee is a STA (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a
		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 secommittee. (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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Revised	1 02/2009)	Page <b>3</b>
Write or Type Committee Nar	ne	
Tennessee De	emocratic Party	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Dollars for Democrats		
Mailing Address	Suite 300 Washington CITY STATE	20003 
	entify by name, address (phone number optional) and position of the pers	
Full Name McMillar  Mailing Address	n, Geeta, , Dr.,  1900 Church St  Suite 203  Nashville	37203
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
3. <b>Treasurer:</b> List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; ar, assistant treasurer).	nd the name and address of
Full Name McMillan of Treasurer Lilian Mailing Address	i, Geeta, , Dr.,	
Title or Position Treasurer	CITY STATE	37203   ZIP CODE
<u> </u>	Telephone number	

FEC <b>Forr</b>	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE ZIF	P CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit be Name of Bank, I	r Depositories: List all banks or other depositories in which the committee deposits funds, holds a loxes or maintains funds.  Depository, etc.	accounts, rents
safety deposit bo	oxes or maintains funds.	accounts, rents
safety deposit bo	Depository, etc.  First Tennessee Bank	accounts, rents
safety deposit bo Name of Bank, I	Depository, etc.  First Tennessee Bank	accounts, rents
safety deposit bo Name of Bank, I	Depository, etc.  First Tennessee Bank	accounts, rents
safety deposit bo Name of Bank, I	Depository, etc.  First Tennessee Bank  511 Union St  Nashville  TN 37219	P CODE
safety deposit bo Name of Bank, I	Depository, etc.  First Tennessee Bank  511 Union St  Nashville  CITY  STATE  ZII	
safety deposit be Name of Bank, I Mailing Address  Name of Bank, I	Depository, etc.  First Tennessee Bank  S11 Union St  Nashville  CITY  STATE  ZII  Depository, etc.	
safety deposit be Name of Bank, I Mailing Address	Depository, etc.  First Tennessee Bank  S11 Union St  Nashville  CITY  STATE  ZII  Depository, etc.	

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

FEC Form 1S (Revised 02/2017)

Page \_5 **of** 8\_\_\_

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representativ	ve, or Leadership PAC Spon
TN Party Victory	Fund		
1			
Mailing Address	430 S Capitol St SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE A
rtolationomp.	5111 2		
Connecte	d Organization Affiliated Committee	Joint Fundraising Represen	tative Leadership PAC Sp
Connecte		Joint Fundraising Represen	tative Leadership PAC Sp
Connecte	d Organization Affiliated Committee	Joint Fundraising Represen	tative Leadership PAC Sp
Connecte	d Organization Affiliated Committee	Joint Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee	Joint Fundraising Represen	tative Leadership PAC Sp
Connecte esignated Agent: Identif	Affiliated Committee  Ty by name, address (phone number – optional	Joint Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identification  Full Name Mailing Address	Affiliated Committee  Ty by name, address (phone number – optional	Joint Fundraising Represen	
Connecte esignated Agent: Identif	Affiliated Committee  Ty by name, address (phone number – optional	Joint Fundraising Represen	
esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION	Affiliated Committee  Ty by name, address (phone number – optional phone in the committee)  CITY   CITY   CITY   CITY   Ty Service of the committee of the comm	Joint Fundraising Represent	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor	Affiliated Committee  Ty by name, address (phone number – optional content of the	Joint Fundraising Represent	ZIP CODE A
connecte  esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, Amalg	Affiliated Committee  Ty by name, address (phone number – optional content of the	Joint Fundraising Represent	ZIP CODE A
connecte  esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee  Ty by name, address (phone number – optional control of the	Joint Fundraising Represent	ZIP CODE A
esignated Agent: Identification of the property of the propert	Affiliated Committee  Ty by name, address (phone number – optional control of the	Joint Fundraising Represent	ZIP CODE A
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee  Ty by name, address (phone number – optional control of the	Joint Fundraising Represent	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page \_\_\_\_ **of** \_\_\_\_

FEC ID number  FEC ID number  C  FEC ID number  FEC ID number  FEC ID number  C  FEC ID number  FEC ID number  C  FEC ID number  FEC ID number  C  FEC ID number  FEC ID nu
FEC ID number  FEC ID number  C  FEC ID number  C  C  C  C  C  C  C  C  C  C  C  C  C
FEC ID number  Cected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC C GRASSROOTS VICTORY FUND  430 SOUTH CAPITOL ST SE  WASHINGTON  CITY A STATE A ZIP COD  nected Organization Affiliated Committee  X Joint Fundraising Representative Leadership II
ected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC C GRASSROOTS VICTORY FUND  430 SOUTH CAPITOL ST SE  WASHINGTON  CITY A  STATE A  ZIP COD  nected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership Representative
C GRASSROOTS VICTORY FUND  430 SOUTH CAPITOL ST SE  WASHINGTON  CITY   STATE   ZIP COD  nected Organization  Affiliated Committee
C GRASSROOTS VICTORY FUND  430 SOUTH CAPITOL ST SE  WASHINGTON  CITY   STATE   ZIP COD  nected Organization  Affiliated Committee
WASHINGTON  CITY   STATE   ZIP COD  Affiliated Committee  Joint Fundraising Representative  Leadership R
WASHINGTON  CITY ▲  STATE ▲  ZIP COD  nected Organization  Affiliated Committee   Joint Fundraising Representative  Leadership F
WASHINGTON  CITY ▲  STATE ▲  ZIP COD  nected Organization  Affiliated Committee   Joint Fundraising Representative  Leadership F
WASHINGTON  CITY ▲  STATE ▲  ZIP COD  nected Organization  Affiliated Committee   Joint Fundraising Representative  Leadership F
CITY ▲ STATE ▲ ZIP COD  nected Organization  Affiliated Committee
CITY ▲ STATE ▲ ZIP COD  nected Organization  Affiliated Committee
nected Organization Affiliated Committee X Joint Fundraising Representative Leadership I
nected Organization Affiliated Committee X Joint Fundraising Representative Leadership I
TION ▼ CITY ▲ STATE ▲ ZIP CODE
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FEC Form 1S (Revised 02/2017)

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

Page \_\_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
BREDESEN VIC	IORY FUND		
	4560 TROUSDALE DRIVE SUITE 100		
Mailing Address			
	NACIDIUS .		27204
	NASHVILLE	TN	37204
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC S
	Affiliated Committee	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	STATE	
esignated Agent: Identi	fy by name, address (phone number – optional)		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	, or Leadership PAC Spons
Mailing Address	8391 BEVERLY BLVD		
	LOS ANGELES	CA	90048
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	y by name, address (phone number – optional)	1 1 1 1 1 1 1	
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY	STATE   Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY ▲  CITY ▲  pries: List all banks or other depositories in which	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Lanks or Other Deposite afety deposit boxes or make the proposition of Bank, depository, etc.	CITY ▲  CITY ▲  pries: List all banks or other depositories in which	Telephone Number	