

FEC
FORM 1

STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE

14 MAY 14 PM 3:08

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Committee to Elect Joe Wilmoth

ADDRESS (number and street)

251 South Willow Ave., Suite 2

(Check if address
is changed)

Cookeville

TN

38501

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

Committee4Joe@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.wilmoth2014.com

2. DATE

05 / 5 / 2014

3. FEC IDENTIFICATION NUMBER

C

4. 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.

Type or Print Name of Treasurer

Candra Sparks

Signature of Treasurer

Candra Sparks

Date

05 / 05 / 2014

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

14020354567

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

| | | | | |
|----|-------|---------------|--------------------------------|----------------------|
| 1. | _____ | FEC ID number | <input type="text" value="C"/> | <input type="text"/> |
| 2. | _____ | FEC ID number | <input type="text" value="C"/> | <input type="text"/> |
| 3. | _____ | FEC ID number | <input type="text" value="C"/> | <input type="text"/> |
| 4. | _____ | FEC ID number | <input type="text" value="C"/> | <input type="text"/> |

14020354568

Write or Type Committee Name

Committee to Elect Joe Wilmoth

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Treasurer

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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

Candra Nicole Sparks

Mailing Address

251 South Willow Ave., Suite 2

Cookeville

CITY

TN

STATE

38501

ZIP CODE

Title or Position

Treasurer

Telephone number

931

260

19718

14020354569

Full Name of Designated Agent

Joe Bradley Wilmoth

Mailing Address

251 South Willow Ave., Suite 2

Cookeville

CITY

TN

STATE

38501

ZIP CODE

Title or Position

Asst. Treasurer

Telephone number

931 - 526 - 2031

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of Putnam County

Mailing Address

140 South Jefferson Ave.

Cookeville

CITY

TN

STATE

38501

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14020354570

14020354571

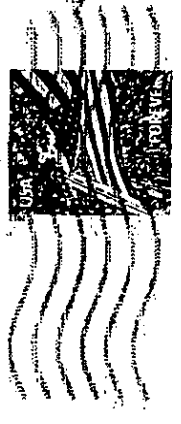
e Wilmoth
9 S. Willow Ave
Surfco C

Memphis, TN 38101

**SCREENED
BY THE SENATE
POST OFFICE**

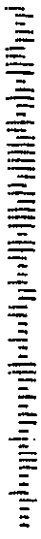


NASHVILLE TN 370
05 MAY 2004 PM 5 L



Office of Public Records
P.O. Box 77578
Washington D.C. 20013 - 7578

20013857878



NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7111
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

5-6-14

USPS FIRST CLASS MAIL _____

Postmark

USPS REGISTERED/CERTIFIED _____

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX **5** _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

PREPARER

DH

DATE PREPARED

5-14-14

14020354572

14020354573

