SECRETARY OF THE SENATE

07 APR 13 PM 5: 15 ND

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

BOB CORKER FOR SENATE 2012

ADDRESS (number and street)

X (Check if address is changed)

P.O. BOX 848

832 GEORGIA AVENUE SUITE 221

CHATTANOOGA TN 37401-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

KKAEGI@BOBCORKERFORSENATE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

-NO FAX

2. DATE 04 13 2007

3. FEC IDENTIFICATION NUMBER ▶ C00430462

4. IS THIS STATEMENT NEW (N) OR X 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 KIMBERLY KAEGI

Signature of Treasurer Kimberly Kaegi Date 04 13 2007

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 02/2003)

FE3WW42.PDF

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5. TYPE OF COMMITTEE (Check One)

(a) X 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: ROBERT P. CORKER, JR.

Candidate Party Affiliation: REP

Office Sought: House X Senate President

State: TN

District: 00

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

Name of Candidate:

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

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

27020122570

Write or Type Committee Name

BOB CORKER FOR SENATE 2012

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: KIMBERLY KAEGI

Mailing Address: 1015 STONEBRIDGE PARK DRIVE

FRANKLIN | TN | 37069

Title or Position ▼: TREASURER

CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 423-756-1994

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: KIMBERLY KAEGI

Mailing Address: 1015 STONEBRIDGE PARK DRIVE

FRANKLIN | TN | 37069

Title or Position ▼: TREASURER

CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 423-756-1994

Full Name of Designated Agent:

Mailing Address:

Title or Position ▼:

CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number:

27020122571

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.

SUNTRUST BANK

Mailing Address 736 MARKET STREET

CHATTANOOGA TN 37402-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

27020122572

NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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