FEC FORM 1

## STATEMENT OF ORGANIZATION

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FORM 1		URGAN	IIZAI K	JN Julija Produce Com Julija Produkta (1807)	FEC	1AUmcesnier
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M	The second the second
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	1111	-				
ADDRESS (number a	nd street)	6213 CH	ARLO:	TITIE AVIE	4   1   1   1	
(Check if ac		SUITE	12 "		<del>                                     </del>	
3-3 is changed)		WASHVIL	46		TN	37209-
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	AL ADDRE	SS (Please provide only	one e-mail ad	dress)		
(Check if address is changed)	address					
is change			1111			
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)				
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is changed		L			<del>1. 1. 1. 1. 1. 1</del>	
2. DATE 0	4 0	4 2012				
3. FEC IDENTIFIC	CATION NU	JMBER				
4. IS THIS STATEM	MENT 🔀	NEW (N)	OR [	AMENDED (A	)	
I certify that I have e	examined th	nis Statement and to the	e best of my	knowledge and beli	ef it is true, corre	ect and complete.
Type or Print Name of	of Treasure	Thomas	CA	Arnold	75	
Signature of Treasure	er Z	Thomas C Av	nolf		Date 0	4 / 2 / 20 / 2
NOTE: Submission of t		eous, or incomplete inform			_	to the penalties of 2 U.S.C. §437g.
Office Use Only				For further informatic Federal Election Common Toll Free 800-424-9530 Local 202-694-1100	nission	FEC FORM 1 (Revised 02/2009)

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5.			OMMITTEE
	Cen	didate	Committee:
	(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 Candi		LOU AMN ZEGENIK
	Candi Party	idate Affiliatio	on CEP Office State TN  State TN  House Senate President  District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi	-	
	Part	y Con	nmittee:
	(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(e)	П	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	Fund	raising 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.
		Com	mittees Participating in Joint Fundraiser
		1.	FEC ID number
		2.	FEC ID number
		3.	FEC ID number
		4.	FEC ID number

_	FEC FOI	III I (Neviseu	02/2009)					1 age <b>o</b>
,	Write or Type Co	ommittee Name	е					
	LOV	ANN	For	Congres	sS			
6.	Name of Any	y Connected (	Organization,	Affiliated Comm	mittee, Joint F	undraising Repre	esentative, or Le	eadership PAC Sponsor
L								1   1
L	1111							
	Mailing Addre	SS						
	·							
				CITY	•		STATE	ZIP CODE
<b>7</b> .		Records: Ide		Ten	(2: <u>33-</u> )			Leadership PAC Sponso
	Full Name Mailing Addre		•			. AYE.		
			50117	E 112	1111			
			11/454	1/11/16		1	17.11 13	372681-1

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).

CITY

Full Name of Treasurer Mailing Address Brush Creek TIM 38547-CITY STATE ZIP CODE Title or Position

Title or Position

CONTROLLER

Treasurem

EEC Form 1 (Povised 00/0000)

Telephone number

Telephone number

STATE

6115-418-7416

ZIP CODE

6115-668-5659

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Polit Manager of		
Full Name of Designated Agent		
Mailing Address		
Ū		
		-
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	-
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safety deposit box Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds ses or maintains funds.  epository, etc.   \( \begin{align*} \begin	
safety deposit box Name of Bank, D	epository, etc. $ W : J_1 S_1 \circ_1 \Lambda_1   B  = \Lambda_1 K_1   B    T_1 T_1 +  S_1 T_1    T_1 T_2 +  T_2 T_2    T_1 T_2 T_2    T_1 T_2 T_2    T_2 T_2 T_2    T_1 T_2 T_2    T_2 T_2 T_2    T_1 T_2 T_2    T_2 $	<b>Q</b>   <b>d</b>
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safety deposit box Name of Bank, D Mailing Address  Name of Bank, D	res or maintains funds. epository, etc.	
safety deposit box Name of Bank, D Mailing Address  Name of Bank, D	res or maintains funds. epository, etc.	

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