

FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL CENTER 12FE4M5

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

LOU ANN FOR CONGRESS

ADDRESS (number and street) 6213 CHARLOTTE AVE SUITE 112

(Check if address is changed) NASHVILLE TN 37209

CITY STATE ZIP CODE

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

tbrewer@rjdgroup.net

(X) (Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

07 / 11 / 2012

3. FEC IDENTIFICATION NUMBER

C C00519546

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 Thomas C. Arnold Jr.

Signature of Treasurer Thomas C. Arnold Jr.

[Handwritten Signature]

Date 07 / 11 / 2012

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)

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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 LOU ANN ZELENIK

Candidate Party Affiliation REP Office Sought:  House  Senate  President State TN District 06

- (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	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

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Write or Type Committee Name

# LOU ANN FOR CONGRESS

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 James Troy Brewer

Mailing Address 6213 Charlotte Ave.  
Suite 112  
Nashville TN 37209

Title or Position CITY STATE ZIP CODE

CONTROLLER Telephone number 615-668-5659

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 Thomas C. Arnold Jr.

Mailing Address 2 Holmes Gap Rd.  
Brush Creek TN 38547

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 615-418-7416

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Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

[Grid for Mailing Address Line 4]

[Grid for Mailing Address Line 5]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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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.

WILSON BANK & TRUST

Mailing Address

1476 NORTH MT JULIETT RD

[Grid for Mailing Address Line 2]

MT JULIETT

MT

37122

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

[Grid for Mailing Address Line 4]

[Grid for Mailing Address Line 5]

CITY

STATE

ZIP CODE

Federal Election Commission  
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Other (Specify): Date of Receipt or Postmarked

  
PREPARER

7/17/12  
DATE PREPARED

12030844973