

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2014 APR 16 AM 8:45 FEC MAIL CENTER Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

BOB SCOTT FOR CONGRESS COMMITTEE

ADDRESS (number and street)

2216 DELTA WAY

(Check if address is changed)

KNOXVILLE TN 37919-9107

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

SCOTTFORCONGRESSCA@OLC.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

BOBSCOTTFORCONGRESS.COM

2. DATE

4 / 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

ROBERT R SCOTT

Signature of Treasurer

Robert R Scott

Date

4 / 5 / 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 06/2012)

14031214978

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 BOB SCOTT

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State TN District 02

- (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="checkbox"/> _____
2.	_____	FEC ID number	<input type="checkbox"/> _____
3.	_____	FEC ID number	<input type="checkbox"/> _____
4.	_____	FEC ID number	<input type="checkbox"/> _____

14031214979

Write or Type Committee Name

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

Empty grid lines for organization name

Mailing Address

Empty grid lines for 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

ROBERT R SCOTT

Mailing Address

2216 DELTA WAY

Empty grid lines for address

KNOXVILLE TN 37919-9107

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number 865-310-8710

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

ROBERT R SCOTT

Mailing Address

2216 DELTA WAY

Empty grid lines for address

KNOXVILLE TN 37919-9107

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number 865-310-8710

14031214980

Full Name of Designated Agent

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid line]

Telephone number

[Empty grid line]

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.

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

REGIONS BANK

Mailing Address

7821 KINGSTON PIKE

[Empty grid line]

KNOWVILLE TN 37919

CITY

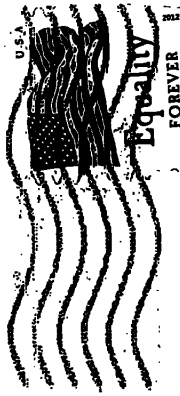
STATE

ZIP CODE

14031214981

14031214982

Robert Scott  
2216 Delta Way  
Knoxville, TN 37919-9107



KNOXVILLE TN 377

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Federal Election Commission  
999 E Street NW  
Washington DC 20463

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

  
 PREPARER  
 (8/2013)

4/16/15  
 DATE PREPARED

14031214983