Image# 202002249203318011				02/24/2020 20 . 13
FEC FORM 1	STATEME ORGANIZ			PAGE 1 / 4 🗕
			Offi	ice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Chance For Cor	ngress			
	118 N. Peters Road #197			
ADDRESS (number and street)				
(Check if address is changed)				
	Knoxville		TN 3792	23
	CITY A		STATE 🔺	ZIP CODE▲
COMMITTEE'S E-MAIL ADDF	RESS			
(Check if address is changed)	chance@chanceforcor	ngress.com		
	Optional Second E-Mail Ad	ldress ook.com		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
2. DATE 02	24 ^Y Y Y Y Y 2020			
B. FEC IDENTIFICATION		00739896		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
certify that I have examined	this Statement and to the best	t of my knowledge and belief i	t is true, correct and	complete.
Type or Print Name of Treasu	rer Sacco, Kaitlynn, , ,			
Signature of Treasurer Sac	cco, Kaitlynn, , ,	[Electronically Filed]	Date 02	24 / Y Y Y 2020
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing		penalties of 2 U.S.C. §437

02/24/2020 20 : 13

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5. TYPE OF COMMITTEE Candidate Committee is a principal campaign committee. (Complete the candidate information below.) (b) (c) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.) Name of Candidate Candidate Party Affiliation DEM Office Party Affiliation DEM Sought: X House Senate President Dist (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Affiliation DEM Sought: X House Senate President Dist (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or Corporation Corporation Corporation w/o Capital Stock Labor In addition, this committee is a Lobbylst/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i) This committee supports/opposes more than o	-	
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4 FEC ID number C	3.	FEC ID number
	4.	FEC ID number

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Chance 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.

Sacco, Kai	lynn, , ,
Full Name	
Mailing Address	1001 Wyndham Way Apt 1238
	Knoxville TN 37923 - - - -
Title or Position	CITY STATE ZIP CODE
	Telephone number 865 335 5047

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	Sacco, Kaitlynn, , ,
Mailing Address	1001 Wyndham Way Apt 1238
	Knoxville
	CITY STATE ZIP CODE
	Telephone number 865 335 5047

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Full Name of Designated Agent																	1			1			I		1			_
Mailing Address																												
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Title or Position																												
													Tele	eph	ione	e ni	umt	ber			_							

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.

Regio	ns Bank		
Mailing Address	P.O. BOX 681		
			201
	CITY	STATE	ZIP CODE
Name of Bank, Depository	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE