Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Meg for Congress 115 Noll Street ADDRESS (number and street) (Check if address is changed) Chattanooga 37405 TN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS megforcongress@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00742395 FEC IDENTIFICATION NUMBER > 3. X 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. Gorman, Timothy, , , Type or Print Name of Treasurer Gorman, Timothy, , , [Electronically Filed] 03 17 2020 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FFC Form 1 (Parised 09/0000)	Dog - 1
FEC Form 1 (Revised 02/2009) TYPE OF COMMITTEE	Page 2
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. (Cominformation below.)	plete the candidate
Name of Candidate Gorman, Mary, E, ,	
Candidate Party Affiliation DEM Office Sought: House Senate President	State TN District 03
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	(Dama aratia
(Mational, 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 cor	nnected 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.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or party
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 to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number C	
3.	

FEC Form 1 (Revised 0	2/2009)	Page 3
Write or Type Committee Name		
Meg for Congre	SS	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
NONE		
Mailing Address		
-		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in	possession of committee
Gorman, Ti	mothy, , ,	
Mailing Address	400 Tremont St	
J		
	Chattanooga TN 3740	05
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 423	280 6543
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	e name and address of
Full Name Gorman, Tin	mothy, , ,	
Mailing Address	400 Tremont St	
	Chattanooga TN 3740	
Title or Position , Treasurer	CITY STATE	ZIP CODE 1 280 1 1 6543

FEC Form 1 (R	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or		
safety deposit boxes of Name of Bank, Deposi	or maintains funds.	
safety deposit boxes of Name of Bank, Deposi	or maintains funds. sitory, etc. InTrust	
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