FEC FORM 1	STATEMEN ORGANIZ	_	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
	ect Keeda Hayne	s for Congress	
	P.O. Box 396		
ADDRESS (number and street)			
is changed)	Goodlettsville		TN 37070   STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE			
(Check if address is changed)	keedaforcongress@gm		
	Optional Second E-Mail Add		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)		
2. DATE 01 0	5 / Y Y Y Y 2020		
3. FEC IDENTIFICATION N	UMBER ► C co	00733311	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	er Carter, Keisha, , ,		
Signature of Treasurer	er, Keisha, , ,	[Electronically Filed]	Date 01 / 05 / Y Y Y Y 2020
NOTE: Submission of false, erron		may subject the person signing the NAN SHOULD BE REPORTED W	nis Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS.
Office Use Only		For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

Image# 202001059167021145

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5. TYPE OF	COMMITTEE
Candida	te 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	Haynes, Keeda, , ,
Candidate Party Affili	ation DEM Office Sought: X House Senate President District 05
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	ommittee:
(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 Fu	ndraising 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.
Co	mmittees Participating in Joint Fundraiser
1.	
2.	FEC ID number
3.	FEC ID number
4.	

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Write or Type Committee Name

## Committee to Elect Keeda Haynes for Congress

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

N									
	Mailing Address								
			CITY	ST	TATE	ZIP CODE			
	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor								
7.	Custodian of Records: Iden books and records.	tify by name, address (p	hone number optiona	I) and position c	of the person in po	ossession of committee			
	Carter, Kei	sha, , ,							
	Mailing Address	309 Smokerise Circle S	≣ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓						
		Marietta			GA , ,30067				
				1 1					

Title or Position	CITY	STATE	ZIP CODE
Treasurer	Te	elephone number	820 - 4084

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	Carter, Keisha, , ,
Mailing Address	309 Smokerise Circle SE
	Marietta
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 770 820 4084

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Full Name of Designated Agent		1	1																							
Mailing Address																										
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							CI	TΥ								ST	ATE	Ξ			Z	IP (	COI	DE		
Title or Position																										
											Tel	epł	ion	e n	um	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.

Re			
Mailing Address	112 Long Hollow Pike		
	Goodlettsville		1 <sup>37072</sup>
	CITY	STATE	ZIP CODE
Name of Bank, Deposit	tory, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE