Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Chris Franklin for President, ByThePeople2020 PO Box 372 ADDRESS (number and street) (Check if address is changed) Unicoi 37692 TN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS contact@bythepeople2020.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) bythepeople2020.org (Check if address is changed) DATE 25 2020 C00743997 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. Franklin, Lee, Christopher,, Type or Print Name of Treasurer Franklin, Lee, Christopher, , [Electronically Filed] 06 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

Toll Free 800-424-9530 Local 202-694-1100

(Revised 06/2012)

FFO Farm 4 (Paris of 00/0000)	2 2
FEC Form 1 (Revised 02/2009)	Page 2
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 information below.)	e. (Complete the candidate
Name of Candidate Franklin, Lee, Christopher, ,	
Candidate Party Affiliation IND Office Sought: House Senate President	Stateident
(c) This committee supports/opposes only one candidate, and is NOT an authorized commit	ittee.
Name of Candidate	
Party Committee:	(Doma avatis
((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 sepacommittee. (i.e., nonconnected committee)	arate segregated 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 proceed committees/organizations, at least one of which is an authorized committee of a federal can	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate.	ds for two or more political
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number	
3.	
4.	

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Write or Type Committee Nam				
	or President, ByT	hePeople2020)	
	Organization, Affiliated Committee	•		lership PAC Sponsor
NONE				
			<u> </u>	
Mailing Address				
	CITY		STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Commit	ttee Joint Fundraising R	Representative	Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	ntify by name, address (phone num	ber optional) and position	n of the person in	possession of committee
Franklin, I	Lee, Christopher, ,			
	PO Box 372			
Mailing Address				
	Unicoi		TN 3769)2
Title or Position	CITY	S	STATE	ZIP CODE
		Telephone numb	er 828 –	771 - 6388
Treasurer: List the name an any designated agent (e.g.,	nd address (phone number option assistant treasurer).	al) of the treasurer of the c	committee; and the	name and address of
	_ee, Christopher, ,			1
of Treasurer	IPO Box 372			
Mailing Address	. 7 57 7 7 1			
	Ulairai			• • •
	Unicoi		TN 3769	
Title or Position	CITY	5	TATE	ZIP CODE
		Telephone number	er 828 –	771 - 6388

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		
Name of Bank, I	Depository, etc.	
	Mountain Commerce Bank	
Mailing Address	Mountain Commerce Bank 4200 Unicoi Drive	
Mailing Address		
Mailing Address	4200 Unicoi Drive Unicoi TN 37692	IP CODE
Mailing Address Name of Bank, [4200 Unicoi Drive Unicoi CITY STATE Z	IIP CODE
	4200 Unicoi Drive Unicoi CITY STATE Z	
	4200 Unicoi Drive Unicoi CITY STATE Z Depository, etc.	
Name of Bank, [4200 Unicoi Drive Unicoi CITY STATE Z Depository, etc.	
Name of Bank, [4200 Unicoi Drive Unicoi TN 37692 CITY STATE Z Depository, etc.	

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

The committee name is being amended for clarity; for example, when appearing in online disclaimers that are automatically generated from FEC records (e.g. Facebook). The legal name and DBA name are unchanged.

Form/Schedule: Transaction ID: