

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

BURCHETT FOR CONGRESS

ADDRESS (number and street)

PO BOX 51345

(Check if address is changed)

KNOXVILLE

CITY ▲

TN

STATE ▲

37950

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

TROY@POLITICALFINANCIALMANAGEMENT.COM

Optional Second E-Mail Address

VOTEBURCHETT@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

10 / 22 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00652149

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 Goins, Roger, L, ,

Signature of Treasurer

Goins, Roger, L, ,

[Electronically Filed]

Date

10 / 22 / 2021

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)

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 Burchett, Tim, , ,

Candidate Party Affiliation REP 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 C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

BURCHETT FOR CONGRESS

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

FRIENDS OF BURCHETT

Mailing Address 95 WHITE BRIDGE RD
 SUITE 207
 NASHVILLE TN 37205
 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 Brewer, Troy, , ,
 Mailing Address 95 White Bridge Rd
 Suite 207
 Nashville TN 37205
 CITY STATE ZIP CODE
 Title or Position
 CPA Telephone number 615 668 5659

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 Goins, Roger, L, ,
 Mailing Address 2927 Essary Dr
 Knoxville TN 37918
 CITY STATE ZIP CODE
 Title or Position Treasurer Telephone number 865 640 2982

Full Name of Designated Agent

Brewer, Troy, , ,

Mailing Address

95 White Bridge Rd

Suite 207

Nashville

TN

37205

CITY

STATE

ZIP CODE

Title or Position

CPA

Telephone number

615

668

5659

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.

Security Bank and Trust

Mailing Address

210 W. Washington St

Paris

TN

38243

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

FirstBank

Mailing Address

520 W. Summit Hill SW

Knoxville

TN

37902

CITY

STATE

ZIP CODE