2019 · 02 · 25 · 65 · 66268228

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2019 FFB 25 - A Si 40

			10171 LD Lenice ose city
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Bo Tingers	PAG		
		<u> </u>	
ADDRESS (number and street)	349 Kenil	Worth Pilac	e
(Check if address is changed)	<u>Lilia de la composicione della </u>		
	Micimphiis:		TN 38112-54051 STATE 4 ZIP CODE 4
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	Bienni 2521	f@14121410101.1610	PIM I I I I I I I I I I I I I I I I I I
• ,	Optional Second E-Mail Add	dress 111811016141.161014	<u> </u>
COMMITTEE'S WEB PAGE AD	DRESS (URL)		
(Check if address is changed)		<u> </u>	
•	1,,,,,,,,,		
2. DATE	D / Y Y Y Y		
3. FEC IDENTIFICATION NU	JMBER ▶ C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Treasure	Henry A	M. Jorley	
Signature of Treasurer	HALLY	SQ	Date 0 1 30 40 1 9
NOTE: Submission of false, errone		may subject the person signing ION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30105 WITHIN 10 DAYS.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

	FEC For	m 1 (Revised 02/2009)		Page Z
	TYPE OF CO			
	Candidate	Committee:		
	(a)	This committee is a principal campaign committee. (Com	plete the candidate information below.)	1
	(b)	This committee is an authorized committee, and is NOT information below.)	a principal campaign committee. (Com	plete the candidate
	Name of Candidate			
	Candidate Party Affiliation	Office on Sought: House	Senate President	State
	(c)	This committee supports/opposes only one candidate, an	id is NOT an authorized committee.	
	Name of Candidate		<u> </u>	
	Party Com	amittee:		
	(d)	This committee is a (National, State or subordinate)		(Democratic, Republican, etc.) Party.
	Political A	ction Committee (PAC):	ı	
	(e)	This committee is a separate segregated fund. (Identify c	onnected organization on line 6.) Its cor	nnected organization is a
		Corporation Corpo	oration w/o Capital Stock	Labor Organization
		Membership Organization Trade	Association	Cooperative
		In addition, this committee is a Lobbyist/Re	gistrant-PAC.	
	(f)	This committee supports/opposes more than one Federa committee. (i.e., nonconnected committee)	I candidate, and is NOT a separate se	egregated fund or party
		in addition, this committee is a Lobbyist/Registrant	PAC.	
		In addition, this committee is a Leadership PAC. (Id	tentify sponsor on line 6.)	
	Joint Fund	raising Representative:		
	(g) .	This committee collects contributions, pays fundraising exp- committees/organizations, at least one of which is an author	enses and disburses net proceeds for tw rized committee of a federal candidate.	vo or more political
((h)	This committee collects contributions, pays fundraising expectations, none of which is an authorized committees/organizations, none of which is an authorized committee.	enses and disburses net proceeds for two	o or more political
	Com	mittees Participating in Joint Fundraiser		
	1.		FEC ID number C	.`
	2.		FEC ID number C	
	· 3.		FEC ID number C	·
	-4.	1111111111111111	FEC ID number C	

٧	Vrite or Type Committee Name		
6.	Name of Any Connected (organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor	—
S	Helpinein IIrle	1 Clo Melw 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_}
L			
	Mailing Address	3491 Wenillworth Place	
	. '		
		Melmphild IIII TN 381,12-540; city state zip code	<u>3</u>]
	Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons	Юľ
 7.	Custodian of Records: Idea books and records.	tify by name, address (phone number optional) and position of the person in possession of committ	-
	Full Name WAR	LUNGFORD SELF	اـ
	Mailing Address	1349 KEWILWORTH PLACE	_}
			_
		MEMPHIS TIM 138/1131-1540	5]
	Title or Position	CITY STATE ZIP CODE	
	SECRETARY	Telephone number 401-497-228	3
8.	Treasurer: List the name an any designated agent (e.g., a	f address (phone number optional) of the treasurer of the committee; and the name and address of ssistant treasurer).	_
	Full Name of Treasurer	Y MC CORRY TURLEY	
	Mailing Address	1349 KENLLWORTH PLACE	ل
	Ŀ	Lining the state of the state o	١
		MEMPH 19 154015 CITY STATE ZIP CODE	红
J	Title or Position LIREAGICKER	Telephone number 901-255-2120	2]

Full Name of Designated Agent	
Mailing Address	
	CITY STATE ZIP CODE
Title or Position	
	Telephone number
Mailing Address	MEMPHIS CITY STATE ZIP CODE
Name of Bank, Deposi	itory, etc.
Name of Bank, Deposi	itory, etc.
Name of Bank, Deposi	itory, etc.
· L	itory, etc.

CITY

STATE

ZIP CODE

FEC Form 1 (Revised 02/2009)

Page 4

FEC	Fórm	15	(Revised)	02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	_	
Page	of	
3-		

5(a)	or(h). Joint Fundraisi r	o Participant:	
- (3)	1. L		FEC ID number C
	2.	11,1111111111	FEC ID number C
	3.		FEC ID number C
	4.		FEC ID number C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	alsing Representative, or Leadership PAC Sponsor
	Lucia		
			
	Mailing Address		
		Lillini	
	Relationship:	CiTY ▲	STATE ▲ ZIP CODE ▲
	Connecte	d Organization Affiliated Committee Joint	Fundraising Representative Leadership PAC Spons
8.	Designated Agent: Identif	y by name, address (phone number – optional)	
	Mailing Address		
			سيا-ليسا ليا لي
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
	سيسينا	Tel Tel	lephone Number
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which taintains funds.	the committee deposits funds, holds accounts, rents
	Mailing Address		
1.		CITY A	STATE ▲ ZIP CODE ▲

your consulting

CAPITAL DISTRICT 200/200

I CHA GOOD BUS I

Ashington, OC 2003 8 2nd 87 8E

1050 First Street NE Washington, DC 20743

melliographicalitation in the control of the contro

100400

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.				
Hand Delivered		Date of Receipt		
	Postmarked	Date of Receipt		
USPS First Class Mail	2-19-19	2-25-19		
USPS Registered/Certified		Postmarked (R/C)		
USPS Priority Mail		Postmarked		
USPS Priority Mail Express		Postmarked		
Postmark Illegible				
No Postmark				
Overnight Delivery Service	(Specify):	Shipping Date		
	N	lext Business Day Delivery		
Received from House Reco	ords & Registration	Date of Receipt Office		
Received from Senate Pub	lic Records Office	Date of Receipt		
Received from Electronic F	iling Office	Date of Receipt		
Other (Specify):		Date of Receipt or Postmarked		
af		2-25-19		
PREPARER (3/2015)		DATE PREPARED		
(0/2010)				