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STATEMENT OF **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. Committee to Elect Ryan Stone 714 S Gay St ADDRESS (number and street) (Check if address is changed) Knoxville 37902 TN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS admin@brandnewcongress.org (Check if address is changed) Optional Second E-Mail Address Tara@brandnewcongress.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2017 C00637124 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. Stone, Ryan, , , Type or Print Name of Treasurer Stone, Ryan,,, [Electronically Filed] 07 05 2017 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 Only

Local 202-694-1100

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TYPE OF COMMITTEE	
Candidate Committee:  (a) This committee is a principal campaign committee. (Complete the candidate is	
(a) This committee is a principal campaign committee. (Complete the candidate i	information below.)
(b) This committee is an authorized committee, and is NOT a principal campaign information below.)  Name of Stone, Ryan, Henry,	n committee. (Complete the candidate
Candidate Storie, Tyan, Herry,	
Candidate Party Affiliation  DEM  Office Sought:   House  Senate	State TX President 10
(c) This committee supports/opposes only one candidate, and is NOT an authori.	DISTRICT
Name of Candidate	
Party Committee:	
(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	n on line 6.) Its connected organization is a
Corporation Corporation w/o Capital St	tock 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 N committee. (i.e., nonconnected committee)	NOT a separate 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	e 6.)
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, at least one of which is an authorized committee of a	
(h) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a federal	
Committees Participating in Joint Fundraiser	
1.	umber C
2.	umber C
3.	umber C
	umber C

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Write or Type Committee N		<b>~</b>
Committee to	Elect Ryan Stone	
	ed Organization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY	ATE ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Representation	esentative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of	the person in possession of committee
Stone Full Name	e, Ryan, , ,	
Mailing Address	714 S Gay St.	
	Knoxville	37902 
Title or Position	CITY STAT	E ZIP CODE
	Telephone number	
. <b>Treasurer:</b> List the name any designated agent (e	e and address (phone number optional) of the treasurer of the comr.g., assistant treasurer).	mittee; and the name and address of
Full Name Stone of Treasurer	, Ryan, , ,	
Mailing Address	714 S Gay St.	
	Knoxville	N 37902
Title or Position	CITY STAT	E ZIP CODE
	Telephone number	

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Full Name of Designated		
Agent		
Mailing Address	5	
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, hooxes or maintains funds.  Depository, etc.	
safety deposit to Name of Bank,	Depository, etc.  Amalgamated Bank  1275 Seventh Avenue	<u> </u>
safety deposit b	Depository, etc.  Amalgamated Bank  1275 Seventh Avenue	
safety deposit to Name of Bank,	Depository, etc.  Amalgamated Bank  1275 Seventh Avenue	01
safety deposit to Name of Bank,	Depository, etc.  Amalgamated Bank  275 Seventh Avenue	01 ZIP CODE
safety deposit to Name of Bank,  Mailing Address	Depository, etc.  Amalgamated Bank  275 Seventh Avenue  New York  NY  1000	
safety deposit to Name of Bank,  Mailing Address	Depository, etc.  Amalgamated Bank  275 Seventh Avenue  New York  NY  1000  CITY  STATE	
safety deposit to Name of Bank,  Mailing Address	Depository, etc.  Amalgamated Bank  275 Seventh Avenue  New York  NY  1000  CITY  STATE	
safety deposit to Name of Bank,  Mailing Address	Depository, etc.  Amalgamated Bank  275 Seventh Avenue  New York  CITY  STATE  Depository, etc.	
safety deposit to Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Amalgamated Bank  275 Seventh Avenue  New York  CITY  STATE  Depository, etc.	
safety deposit to Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Amalgamated Bank  275 Seventh Avenue  New York  CITY  STATE  Depository, etc.	