| 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 Jeremy Mass | | |
| ADDRESS (number and street) | 3901 REDBUD DR NW | | |
| (Check if address is changed) | CLEVELAND CITY A | | TN 37312 STATE ▲ ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADDR | ESS | | |
| (Check if address is changed) | jsm4402@hotmail.com | | |
| | Optional Second E-Mail Add | dress | |
| COMMITTEE'S WEB PAGE AI | DDRESS (URL) | | |
| | 21 / Y Y Y Y 2018 | | |
| 3. FEC IDENTIFICATION N | IUMBER ► C c | 00673897 | |
| 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 Treasur | er Massengale, Jeremy, , , | | |
| Signature of Treasurer | ssengale, Jeremy, , , | [Electronically Filed] | Date 03 / D D / Y Y Y Y 2018 |
| NOTE: Submission of false, error | | may subject the person signing t ON SHOULD BE REPORTED W | his Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS. |
| Office Use Only | | For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100 | |

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| . т | YPE O | F COMMITTEE | |
| C | Candic | late Committee: | |
| (8 | a) | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| (1 | b) | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | |
| | Name of Candidat | | |
| | Candidat Party Aff | | |
| (0 | C) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | lame of Candidat | | |
| F | Party C | Committee: | |
| (0 | d) | This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Part | rty. |
| F | Politica | al Action Committee (PAC): | |
| (6 | e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is | s a: |
| | | Corporation Corporation w/o Capital Stock Labor Organization | ı |
| | | 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 par committee. (i.e., nonconnected committee) | rty |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| J | oint F | undraising Representative: | |
| (g | 1) | 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. | |
| | C | committees Participating in Joint Fundraiser | |
| | 1 | | |
| | 2 | | |
| | 3 | . FEC ID number | |
| | 4 | . FEC ID number | |
| | | | |

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Committee to Elect Jeremy Massengale

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

| Mailing Address | | | |
|--|--|------------------------------------|----------------------------|
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee | Joint Fundraising Representative | Leadership PAC Sponsor |
| Custodian of Records: Identibooks and records. | tify by name, address (phone number op | tional) and position of the person | in possession of committee |
| Massengal | e, Jeremy, , , | | |
| Mailing Address | 3901 Redbud DR NW | | |
| | | | |
| | Cleveland | TN 3 | 7312 |
| Title or Position | CITY | STATE | ZIP CODE |
| Treasurer | | Telephone number | 310 - 2067 |

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 | Massengale, Jeremy, , , |
|--------------------------------|---|
| Mailing Address | 3901 Redbud DR NW |
| | |
| | Cleveland TN 37312 |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | 1 1 |

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| Full Name of Designated Agent | | | | | | | | | | | | | | | | | 1 | | 1 | 1 | | | I | | 1 | | | _ |
|-------------------------------------|--|---|--|--|---|---|---|---|----|----|--|--|------|-----|------|------|-----|-----|-----|---|---|---|----|-----|----|---|--|---|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | L | | | | 1 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 1 | I | 1 | 1 | | | | | | | | | | | I | | | 1 | | 1 |]- | | | |
| | | | | | | | | | CI | ΓY | | | | | | | | ST/ | λΤΕ | | | | ZI | > C | OD | Ε | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Tele | eph | ione | e ni | umt | 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.

| l | Southern Heritage Bank | |
|------------------|------------------------|----------------|
| Mailing Address | 3020 Keith St | |
| | | |
| | Cleveland | TN37312 − − |
| | CITY | STATE ZIP CODE |
| Name of Bank, De | pository, etc. | |
| L | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY | STATE ZIP CODE |