PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Committee to Elect Robin Kimbrough Hayes to United States Senate P.O. Box 218857 ADDRESS (number and street) (Check if address is changed) Nashville ΤN 37221 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS robin4ussenate@gmail.com (Check if address is changed) Optional Second E-Mail Address attorneykimbroughhayes@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.kimbroughhayes.com (Check if address is changed) DATE 2020 C00743047 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. Sherrell-Bond, Tonya, , , Type or Print Name of Treasurer Sherrell-Bond, Tonya,,, [Electronically Filed] 05 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. FEC FORM 1 (Revised 06/2012)

	Office			For further information contact:
l	Use			Federal Election Commission
	Only			Toll Free 800-424-9530 Local 202-694-1100
				LUCAI 202-034-1100

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	COMMITTEE
(a) x	te Committee: This committee is a principal campaign committee. (Complete the candidate information below.)
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate
(b)	information below.)
Name of Candidate	Hayes, Robin, Kimbrough, ,
Candidate	Office State TN State TN Sonato Procident
Party Affilia	tion DEM Sought: House X Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	mmittee:
(d)	(National, State (Democratic, rhis committee is a value of the value) (National, State (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
	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 Fun	draising 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.
Cor	mmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4	

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	Vrite or Type Committee Nam				_
	Committee to E	Elect Robin Kimbrough	n Hayes to I	Jnited Stat	es Senate
6.	Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Represe	ntative, or Leadershi	p PAC Sponsor
N	IONE				
_ 					
	Mailing Address				
	Maining / Nacross				
				. 1 1	. -
		CITY	S.	TATE Z	IP CODE
	Polotionship: Connecto	ed Organization	Joint Fundroising Dor	procentative I Lead	ership PAC Sponsor
	Relationship: Connecte	ed Organization Anniated Committee	Joint Fundraising Rep	Diesentative Lead	ership PAC Sportsor
	Custodian of Records: Ide	entify by name, address (phone number o	optional) and position o	of the person in posse	ession of committee
	books and records.	, , , , , , , , , , , , , , , , , , ,	.,		
	Sherrell-E	Bond, Tonya, , ,			.
		P. O. Box 281972			
	Mailing Address				
		Nashville	-	ΓN 37228	
	Title or Position	CITY	STA	ATE Z	IP CODE
			Telephone number	615 - 5	78 6510
3.	Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the assistant treasurer).	ne treasurer of the cor	nmittee; and the nam	e and address of
	Full Name Sherrell-E	Bond, Tonya, , ,			
		P. O. Box 281972			
	Mailing Address				
		Nashville		TN 37228	
		CITY	STA		P CODE
	Title or Position		.	615 57	78 6510
			Telephone number		

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Full Name of Designated	1	
Agent		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, ho boxes or maintains funds. Depository, etc.	lds accounts, rents
safety deposit b	Depository, etc. Suntrust Bank 1201 Dr. D.B. Todd Jr. Blvd	lds accounts, rents
safety deposit b Name of Bank,	Depository, etc. Suntrust Bank 1201 Dr. D.B. Todd Jr. Blvd	Ids accounts, rents
safety deposit b Name of Bank,	Depository, etc. Suntrust Bank 1201 Dr. D.B. Todd Jr. Blvd	
safety deposit b Name of Bank,	Depository, etc. Suntrust Bank 1201 Dr. D.B. Todd Jr. Blvd	
safety deposit by Name of Bank, Mailing Address	Depository, etc. Suntrust Bank 1201 Dr. D.B. Todd Jr. Blvd Nashville Nashville TN 37208	
safety deposit by Name of Bank, Mailing Address	Depository, etc. Suntrust Bank 1201 Dr. D.B. Todd Jr. Blvd Nashville TN 37208	ZIP CODE
safety deposit by Name of Bank, Mailing Address	Depository, etc. Suntrust Bank 1201 Dr. D.B. Todd Jr. Blvd Nashville CITY STATE Depository, etc.	ZIP CODE
safety deposit by Name of Bank, Mailing Address Name of Bank,	Depository, etc. Suntrust Bank 1201 Dr. D.B. Todd Jr. Blvd Nashville CITY STATE Depository, etc.	ZIP CODE
safety deposit by Name of Bank, Mailing Address Name of Bank,	Depository, etc. Suntrust Bank 1201 Dr. D.B. Todd Jr. Blvd Nashville CITY STATE Depository, etc.	ZIP CODE