FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. NOOGA PAC 900 S. Gay Street ADDRESS (number and street) Suite 2100 (Check if address is changed) Knoxville 37902 TN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS toddmoody@hagoodmoodyhodge.com (Check if address X is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2021 C00686402 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. Moody, Todd, , , Type or Print Name of Treasurer Moody, Todd,,, [Electronically Filed] 05 05 2021 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

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected 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.	
(5)			areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee N		i aye 🗸
NOOGA PAC		
		rchin DAC Spansor
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rsnip PAC Sponsor
FLEISCHMANN, C	HARLES J, , , _	
Mailing Address	PO Box 11091	
	Chattanooga TN 37401	
	CITY STATE	ZIP CODE
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person in position	ossession of committee
	i. Tadd	
Full Name	y, Todd, , ,	
Mailing Address	900 S. Gay Street	
J	Suite 2100	
	Knoxville TN 37902	
Title or Position	CITY STATE	ZIP CODE
		525 7313
3. Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and the n.g., assistant treasurer).	name and address of
any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and the n.g., assistant treasurer). y, Todd, , ,	name and address of
any designated agent (e	.g., assistant treasurer).	name and address of
any designated agent (e Full Name Moody of Treasurer	.g., assistant treasurer). y, Todd, , ,	name and address of
any designated agent (e Full Name Moody of Treasurer	.g., assistant treasurer). y, Todd, , , 900 S. Gay Street Suite 2100 Knoxville TN 37902	
any designated agent (e Full Name Moody of Treasurer	.g., assistant treasurer). y, Todd, , , 900 S. Gay Street Suite 2100	name and address of ZIP CODE 525 7313

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Full Name of Designated Agent Moo	dy, Todd, , , 37902	
Mailing Address	900 S. Gay Street	
	Suite 2100	
	Knoxville	37902
	CITY STATE	ZIP CODE
Title or Position	CITT STATE	ZII GODE
	Telephone number	
Banks or Other Deposit boxes of Name of Bank, Deposit boxes		its funds, holds accounts, rents
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