

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

Thomas Watercott campaign committee, tommy the trucker dot com

ADDRESS (number and street) (Check if address
is changed) 4302 king arthur plGreensboro
CITY ▲NC
STATE ▲27405
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed) tj_watercott@yahoo.comOptional Second E-Mail Address
tj_watercott@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed) www.tommythetrucker.com2. DATE 03 / 15 / 20223. FEC IDENTIFICATION NUMBER ► C C008220154. 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 Treasurer Moss, Tiffany, , ,

Signature of Treasurer

Moss, Tiffany, , ,

[Electronically Filed]

Date

08 / 02 / 2022

Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate Committee:

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate watercott, thomas, joseph, ,

Candidate Party Affiliation

LIB

Office Sought:

House

Senate

President

State

NC

District

06

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(National, State

or subordinate) committee of the

(Democratic,

Republican, etc.) Party

Party Committee:

(d) This committee is a (National, 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 on line 6.) Its connected 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.

(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.)

(g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(i) 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.

(j) 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.

Committees Participating in Joint Fundraiser

1.

C

2.

C

Full Name of Designated Agent	Stanley, John, Stafford, ,						
Mailing Address	213 bass st.						
	Kernersville	NC	27284	-			
		CITY ▲	STATE ▲	ZIP CODE ▲			
Title or Position ▼							
Consultant	Telephone number		336	-	904	-	3902

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.

Truliant FCU

Mailing Address	2504 Battleground Ave.			
	Greensboro	NC	27408	-
		CITY ▲	STATE ▲	ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address				
		CITY ▲	STATE ▲	ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number
C
C
C
C

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

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Boundricks, Folley, , ,

Full Name _____

Mailing Address 802 North Graham Ave _____

Winston Salem

NC

27101

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

consultant

Telephone Number 336 - 929 - 6601

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲