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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Pickrell, Mark, , , (b) Address (number and street)	Pickrell, Mark, , ,					O Constitute to FFO Island Continue Name to		
	111 Brookfield Avenue	☐ Check if address changed				Candidate's FEC Identification Number S0TN00284			
	(c) City, State, and ZIP Code						ew Amend	led	
	Nashville	TN 37205				Statement X (N	N) OR (A)		
4.	Party Affiliation	5. Office Soug	ht		6. State & Distr	rict of Candidate 00			
	DEMOCRATIC PARTY	Senate			IIN				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
	(a) Name of Committee (in full)								
	Pickrell2020								
	(b) Address (number and street)								
	1516 Underwood Dr.								
	(c) City, State, and ZIP Code								
	Nolensville				TN	37135			
DESIGNATION OF OTHER AUTHORIZED COMMITTEES									
(Including Joint Fundraising Representatives)									
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.									
NOTE: This designation should be filed with the principal campaign committee.									
(a) Name of Committee (in full)									
(b) Address (number and street)									
	(5) / (6,7)								
	(c) City, State, and ZIP Code								
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correct	and complete.		
Si	gnature of Candidate					Date			
	ickrell, Mark, , ,					04/03/2020			
				[Elec	tronically Filed]	04/03/2020			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									

FEC FORM 2 (REV. 02/2009)