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) **BOB RIES FOR CONGRESS** 600 NINTH AVENUE SOUTH ADDRESS (number and street) (Check if address is changed) NASHVILLE 37203 TN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS rs71rider@comcast.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2014 C00474593 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. Robert Wayne O'Quin Type or Print Name of Treasurer Robert Wayne O'Quin [Electronically Filed] 10 2014 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)

Of	ffice		For further information contact:
ılu	Jse		Federal Election Commission
0	Only		Toll Free 800-424-9530 Local 202-694-1100

	FEC <b>Fo</b> i	orm 1 (Revised 02/2009) Page 2	
		COMMITTEE e Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Nam	ne of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)  BOB RIES	•
Can	didate y Affiliatio		TN 05
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) F	arty.
Poli	itical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	n is a:
		Corporation Corporation w/o Capital Stock Labor Organization	on
		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 procommittee. (i.e., nonconnected committee)	oarty
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	ıt Fund	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.	
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		T

FEC <b>Form 1</b> (Revised (	02/2009)	Page <b>3</b>
Write or Type Committee Name		
BOB RIES FOR		
	Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Represent	tative Leadership PAC Sponsor
Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the	person in possession of committee
BOB RIES		
	600 9TH AVENUE SOUTH	
Mailing Address		
	Nashville	37203
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee assistant treasurer).	e; and the name and address of
Full Name Robert Wa	yne O'Quin	1
of Treasurer	Inches 24066	
Mailing Address	pobox 24966	
	Nashville TN	37202
Title or Position Treasurer	CITY STATE  Telephone number	ZIP CODE  615   943   8081
<u> </u>		

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes  Name of Bank, Depo		holds accounts, rents
safety deposit boxes  Name of Bank, Depo	or maintains funds.  psitory, etc.  innacle Bank  2300 West End Ave	
safety deposit boxes Name of Bank, Depo	or maintains funds.  pository, etc.  innacle Bank	
safety deposit boxes  Name of Bank, Depo	or maintains funds.  psitory, etc.  innacle Bank  2300 West End Ave  Nashville  TN 372	
safety deposit boxes  Name of Bank, Depo  Pi  Mailing Address	or maintains funds. psitory, etc.  innacle Bank  2300 West End Ave  Nashville  TN 372	203
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