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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Phil Arlinghaus for US House 111 Sunflower Loop ADDRESS (number and street) (Check if address is changed) Seymour 37865 TN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS phil@phil4house.com (Check if address is changed) Optional Second E-Mail Address william.arlinghaus@johnsonu.edu COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00742148 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. Arlinghaus, Hannah, , , Type or Print Name of Treasurer Arlinghaus, Hannah, , , [Electronically Filed] 03 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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		OMMITTEE • Committee:				
(a)	X	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 Cand	e of didate	Arlinghaus, Phil, , ,				
	didate / Affiliation	on REP Office Sought: X House Senate President	State TN District 01			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	e of lidate					
Part	ty Con	Committee:				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated fund or party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.					
	4.					

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Write or Type Committee Nar	ne	
Phil Arlinghaus	s for US House	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
	ed Organization Affiliated Committee Joint Fundraising Representative entify by name, address (phone number optional) and position of the person	
books and records.	onling by hame, address (phone hambor optional) and position of the polise	with possession of commune
Arlingha	us, Hannah, , ,	
Mailing Address	111 Sunflower Loop	
	Seymour	37865
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
. Treasurer : List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	d the name and address of
Full Name Arlinghau of Treasurer	us, Hannah, , ,	
Mailing Address	111 Sunflower Loop	
		7/12 0005
Title or Position Treasurer	CITY STATE 423 Telephone number	ZIP CODE

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Full Name of Designated Agent	Designated Cagle, Gordon, Bryer, ,						
Mailing Address	939Fine Glen Dr						
	Sevierville TN 37862 CITY STATE Z	ZIP CODE					
Title or Position Campaign Mana	ger 						
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. Citizens Nation Bank							
Mailing Address	200 Forks of the River Pkwy						
	Sevierville TN 37862						
	CITY STATE 2	ZIP CODE					
Name of Bank, D	repository, etc.						
Mailing Address							
	CITY STATE 2	ZIP CODE					