

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

Committee for Catherine Barcel "Barcy" Whitson for Tennessee U.S. Senator

ADDRESS (number and street)

809 Joy Lane

(Check if address is changed)

Chattanooga

CITY ▲

TN

STATE ▲

37421

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

cbwhitson4@gmail.com

Optional Second E-Mail Address

cbwhitson4@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.cbw4TNUSenate11-03-2026.com

2. DATE

04 / 22 / 2026

3. FEC IDENTIFICATION NUMBER ►

C C00947994

4. 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 Cate, Orienne, Guage, Mrs.

Signature of Treasurer Cate, Orienne, Guage, Mrs,

Date

04 / 22 / 2026

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 Only				
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For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC 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 Whitson, Catherine, Barcel "Barcy", MS,

Candidate Party Affiliation IND Office Sought: House Senate President State TN
 District 00

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

Name of Candidate _____

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. _____
2. _____

C _____

C _____

Write or Type Committee Name

Committee for Catherine Barcel "Barcy" Whitson for Tennessee U.S. Senator

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

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Cate, Orienne, Guage, Mrs,

Mailing Address 607 Wood Lane

Chattanooga

TN

37415

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Bookkeeper/Treasurer

Telephone number 423 - 664 - 3933

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Cate, Orienne, Guage, Mrs,

Mailing Address 607 Wood Lane

Chattanooga

TN

37415

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Bookkeeper/Treasurer

Telephone number 423 - 664 - 3933

Full Name of Designated Agent

Hirsch, Tom, , Mr,

Mailing Address

693 Wildflower Circle

Chattanooga

TN

37419

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Campaign Manager

Telephone number

301

526

3193

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.

Regions Bank

Mailing Address

7951 E. Brainerd

Chattanooga

TN

37421

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1N

Transaction ID :

This is the only committee in place as of 4/22/2026

Form/Schedule: F1N

Transaction ID:

I am new to this and I am just forming everything. I pray all is filled out correctly. Thank you!