FEC	STATEMENT OF ORGANIZATION	RECEIVED MAIL DENTER 2010 JUN 10 AM 10: 01 -	٦
FORM 1	UNGANIZATION	Office Use Only	
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5	
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ADDRESS (number and str	een 162311 Pieri Metter Driv	/1 e	
(Check if addres	s Sivilitie 11/13		L
is changed)	$C_{ha}$ t t a n 0 0 $g_{a}$	TIN 317 4 21 - 3658	3]
	CITY	STATE ZIP CODE	
COMMITTEE'S E-MAIL A	DDRESS (Please provide only one e-mail address)		
(Check if addre	LinfoGrabinfortennes	SISPICI-ICIOMILIIII	
is changed)			
Committee's web pag	E ADDRESS (URL)		
	WWWW-ROBINFOITHENNESS	51010101M	
(Check if addre is changed)	)ss		
2. DATE <b>Ö</b> Ğ	Ő Å ´ ġ Ŏ Ì Ŏ		
3. FEC IDENTIFICATIO			
4. IS THIS STATEMEN	T NEW (N) OR A AMENDED (A)		
I certify that I have exam	ined this Statement and to the best of my knowledge and belief it	it is true, correct and complete.	
Type or Print Name of Tre	easurer Oscar H. Brock		
Signature of Treasurer	Man & Brock	Date $06'02'2010$	š
NOTE: Submission of false,	erroneous, or incomplete information may subject the person signing t ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	-	g.

1	Office Use					For further Information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 02/2009)	
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5. TYPE OF COMMITTEE

**Candidate Committee:** 

(a)
(b)
Name o Candida
Candida Party A
(c)
Name o Candida
Party
(d)
Politic
(e)

(f)

(a) <b>X</b>	This committee is a principal campaign committee. (Complete the candidate informa	ation below.)
b)	This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	nittee. (Complete the candidate
Name of Candidate	Riobin Tucker Smith	
Candidate Party Affiliation	$\beta \in \rho$ Office Sought: X House Senate F	State President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized co	ommittee.
Name of Candidate		
Party Comi	nittee: (National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Ac	tion Committee (PAC):	
e)	This committee is a separate segregated fund. (Identify connected organization on lir	ne 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 committee. (i.e., nonconnected committee)	separate segregated 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.)

## **Joint Fundraising 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.

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(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.

## **Committees Participating in Joint Fundraiser**

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2.	Ц		  _			1		1			1	1					1			FEC ID number C
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4.	Ц	_[		<u> </u>	1	 1	T					1	1_	1	1	1		1		FEC ID number C

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Ŵ	rite or Type Committe		
<u> </u>		Smith for Tennessee nected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC	Sponeor
υ.	Name of Any Voin	Rected Organization, Anniated Committee, committenensing representative, or readeremp in Ac	- Shouson
Ц			
	Mailing Address		
		$\begin{bmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $	-
		CITY STATE ZIP CO	DE
	Relationship: C	connected Organization Affiliated Committee Joint Fundraising Representative Leadership	PAC Sponsor
	books and records.	rds: Identify by name, address (phone number optional) and position of the person in possession	of committee
	Full Name	Les Ley Rick Liner, Jan	┥
	Mailing Address	$ P_1O_1   B_1O_1X_1   a_13 8_1O_1S_1   1   1   1   1   1   1   1   1   1  $	
		$C_{1}h_{1}a_{1}t_{1}a_{1}h_{1}o_{1}o_{1}g_{1}a_{1}\dots D_{n}a_{n} = T_{1}N = 3_{1}7_{1}4_{1}a_{1}a_{1}$	-31810151
	Title or Position	CITY STATE ZIP CO	DE
	Legal (	Ciù UN Siel	-13,1,4,5
		name and address (phone number optional) of the treasurer of the committee; and the name and nt (e.g., assistant treasurer).	address of
	Full Name of Treasurer	Isiciairi H. Birioiciki IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
	Mailing Address	$[P_1O_1   B_1O_1X_1   a_13_18_1O_1S_1   1   1   1   1   1   1   1   1   1  $	
		CITY STATE ZIP CO	
1	Title or Position $[T_1r_1e_1a_1s_1u_1r_2]$	$\Gamma(\underline{e}, \underline{r}_{1}, \underline{l}_{1}, \underline{l}_{$	- 4131019

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FEC Form 1 (Revised 02/2009)	FEC	Form	1	(Revised	02/2009	)
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Full Name of Designated Agent	[Chiri	<u>ıs</u> ti	1 n1 a1	ιL	<u>H</u> ı	um	p,h	nr.	eių	)	L _ L		1	1		1	1	_1	J	1	]	 1 1	_
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Title or Position	fant.	Trie	<u>2101S1</u>	<u>ι, Γ</u>					Tele	pho	ne r		-		14	ا <b>ک</b> ا	<u>3</u>	- [(				6	

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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.

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Name of Ban	k, Depository	etc.
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RICIS	10111S1 Bank		<u> </u>	
Mailing Address	5,59,6 Littl	e Debbie	PIAIrikiway	
			<u> </u>	
	loioilitiewahi		T.N 13.7	3.6.3-
	CITY		STATE	ZIP CODE
Name of Bank, Depository,	etc.			<u> </u>
Mailing Address			<u></u>	
	CITY		STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation <sup>™</sup> or Signature Confir	mation <sup>™</sup> Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	ss Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of R Other (Specify):	Receipt or Postmarked
R	6/10/10
PREPARER (3/2005)	DATE PREPARED