FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Merrilee for Tennessee 1381 Drakes Creek Road ADDRESS (number and street) (Check if address is changed) Hendersonville ΤN 37075 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@merrileefortennessee.com (Check if address is changed) Optional Second E-Mail Address amelia@amhipps.com COMMITTEE'S WEB PAGE ADDRESS (URL) merrileefortennessee.com (Check if address is changed) DATE 2018 C00673632 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. Goodwin, Dawn, , , Type or Print Name of Treasurer Goodwin, Dawn,,, [Electronically Filed] 04 15 2018 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

Local 202-694-1100

FFC For	m 1 (Revised 02/2009)	Page 2
TYPE OF CO	DMMITTEE	i age £
Candidate	Committee:	
(a) x	This committee is a principal campaign committee. (Complete the candidate information below	<i>i.</i>)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	mplete the candidate
Name of Candidate	Wineinger, Merrilee, , ,	
Candidate Party Affiliatio	n DEM Office Sought: X House Senate President	State TN District 06
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Ad	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 scommittee. (i.e., nonconnected committee)	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 Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Comr	nittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Name		-
Merrilee for Ten	nessee	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Identi books and records.	tify by name, address (phone number optional) and position of the person i	n possession of committee
Goodwin, E	Dawn, , ,	
Mailing Address	800 S. Browns Lane	
Č	N1	
	Gallatin TN 370	066
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 615	- 417 - 3831
. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	ne name and address of
Full Name Goodwin, D	Dawn, , ,	
Mailing Address	800 S. Browns Lane	
	[N1	
	Gallatin TN 370	
Title or Position , Treasurer	CITY STATE	ZIP CODE 417 3831

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Full Name of Designated	Hipps, Amelia, Morrison, ,	
Agent	1260 Trousdale Ferry Pike	
Mailing Address	1200 Housdale Felly Fike	
	Lebanon TN 37087	
	CITY STATE ZIP	CODE
Title or Position Campaign Mana	ager 912 – 481 Telephone number	_ 2936
Name of Bank, [Depository, etc. Bank of America	
Mailing Address	345 East Main Street	
Mailing Address	345 East Main Street	
Mailing Address	345 East Main Street Hendersonville TN 37075	
Mailing Address	Hendersonville TN 37075	P CODE
Mailing Address Name of Bank, I	Hendersonville CITY STATE ZIF	P CODE
	Hendersonville CITY STATE ZIF Depository, etc.	P CODE
Name of Bank, [Hendersonville CITY STATE ZIF	P CODE
	Hendersonville CITY STATE ZIF Depository, etc.	P CODE
Name of Bank, [Hendersonville CITY STATE ZIF Depository, etc.	P CODE
Name of Bank, [Hendersonville CITY STATE ZIF Depository, etc.	P CODE

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

The person who was initially my campaign manager is no longer in that position, so I changed the secondary email to my current campaign manager"s business email and added her as the designated agent.

Form/Schedule: Transaction ID: