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. BURCHETT FOR CONGRESS PO BOX 51345 ADDRESS (number and street) (Check if address is changed) **KNOXVILLE** 37950 ΤN CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address TROY@POLITICALFINANCIALMANAGEMENT.COM is changed) Optional Second E-Mail Address VOTEBURCHETT@GMAIL.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00652149 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Goins, Roger, L, Date 80 05 2025 Signature of Treasurer Goins, Roger, L,, 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate 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 information below.)	the candidate
Name of Candidate Burchett, Tim, , ,	
Candidate Party Affiliation REP Office Sought: X House Senate President	State TN District 02
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	2.001
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republication	atic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
Corporation Corporation w/o Capital Stock Labor	r Organization
Membership Organization Trade Association Coop	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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.)	
(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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Committees Participating in Joint Fundraiser	
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V	FEC Form 1 (Revised Vrite or Type Committee Nar	•	Page 3
•		OR CONGRESS	
<u> </u>		OR CONGRESS Organization, Affiliated Committee, Joint Fundraising Representat	tive or Leadership DAC Spansor
υ.	FRIENDS OF BUR		ive, or Leadership FAC Sponsor
	I RILINDO OF BUR		
	Mailing Address	95 WHITE BRIDGE RD	
		SUITE 207	
		NASHVILLE TN	37205
	_	CITY ▲ STATE	ZIP CODE ▲
	Relationship: Connect	ted Organization Affiliated Organization X Joint Fundraising Repres	sentative Leadership PAC Sponse
7.	Custodian of Records: Ide	entify by name, address (phone number optional) and position of the pe	erson in possession of committee
	Rrower	Troy, , ,	
	Full Name	oy, , ,	
	Mailing Address	95 White Bridge Rd	
	3	Suite 207	
		Nashville	37205
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼		
	CPA	Telephone number	615 - 668 - 5659
8.	Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the comming, assistant treasurer).	ittee; and the name and address of
	Full Name Goins, F	Roger, L, ,	
	of Treasurer		
	Mailing Address	2927 Essary Dr	
		Knoxville	37918
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	865 - 640 - 2982

Telephone number

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Full Name of Designated Agent Mailing Address	Brewer, Troy, , , 95 White Bridge Rd Suite 207 Nashville	TN STATE A	37205
Title or Position		STATE ▲	ZIP CODE ▲
CPA	Telephone	number [515 - 668 - 5659
	Depositories: List all banks or other depositories in which the commess or maintains funds.	nittee deposits	funds, holds accounts, rents
Name of Bank, D	epository, etc.		
Mailing Address	Security Bank and Trust 210 W. Washington St Paris	TN	38243
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, D			
	Pinnacle Bank		
Mailing Address	4328 Harding Pike		
	Nashville	L TN	37205
	CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Burchett Luna Vict	ory Fund			
Mailing Address	95 White Bridge	e Rd		
	Ste. 207			
	Nashville			37205
	TVASTVIIIC			
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FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
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