2022-08-01-03-00415672

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAILCENTER

2022: AUG - June 21, 56

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
DIAMINELY BIG	aoifrir	11111111	
ADDRESS (number and street)	[8,8, 19,0,K, 1V,K	ALLEGI DIRINUE	
(Check if address is changed)	SIRIRIIMA IH	1,44,11111	
	5, P, R 1, M 9, 14 CITY A	<u>i, 4, 4, , , , , , , , , , , , , , , , ,</u>	7~ 371742596 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	:SS		
☐ ◀ (Check if address is changed)	Optional Second E-Mail A	eucihiarritieiri.cio ddress	
•,			
COMMITTEE'S WEB PAGE AD	DRESS (URL) NON	上	
(Check if address is changed)	, , ,	15 AP 1 1 9 4 191	. <mark>.</mark>
is changed,	1		
2. DATE 0.6	6 2020		
3. FEC IDENTIFICATION N	имв̀ег ▶ С		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	his Statement and to the bes	st of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	DANIEL	J Co	Per
Signature of Treasurer	e and I C	son	Date 0.7 / 3 / 2022
NOTE: Submission of false, erron		n may subject the person signing ATION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30109.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530	EEL EURIVI I

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_	F	EC Fo	rm 1 (Revised 02/2009)	Page 2
5.			OMMHTEE	
	Cano	didate	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. (Compinformation below.)	plete the candidate
	Name Candid	_	DANIEL 3 COOPER	
	Candid Party	date Affiliati	on Office Sought: House Senate President	State TN District OS'
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candid		Pavisle4 3 GoldPRR	
	Party	/ Con	nmittee:	
	(d)			Democratic, Republican, etc.) Party.
	Politi	ical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conf	nected organization is a:
			Corporation Corporation w/o Capital Stock	Labor Organization
1	NU	4		-
1	/ / /) /		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 segon committee. (i.e., nonconnected committee)	gregated fund or party
	* 1	*	In addition, this committee is a Lobbyist/Registrant PAC.	
	$\frac{N}{N}$	A	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	Fund	Iraising Representative:	
•	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
A	(h)		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
		Com	mittees Participating in Joint Fundraiser	
3	,			
N	10	1.		
∫ ~	/ / /	2.	FEC ID number C	
1	Į V	3.		
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FEC Form 1 (Revis			Page 3
	NA	7 .	
6. Name of Any Connect	ed Organization, Affiliated Committee, Joi	nt Fundraising Representative, o	or Leadership PAC Sponsor
Mailing Address			
n/s			
		1	1
/	CITY	STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee	Loint Fundraising Representati	ve
Helationship.	Annated Committee	Pooliti undraising hepresentati	ve T ceadership (AC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number -	optional) and position of the per	rson in possession of committee
Full Name	wiel 5 Gagler		
Mailing Address	18.8, OAK VAILLE		
ag	1		
	SPRING H; LL	المركز السلسال	37174-
Title or Position	CITY	STATE	ZIP CODE
GAMPI DAT		Telephone number 61	51-5071-900
Treasurer: List the name any designated agent (e	e and address (phone number optional) o .g., assistant treasurer).	f the treasurer of the committee; a	and the name and address of
Full Name	in the confe	a	
	BB OAK VAL	,	
Mailing Address	88 JAK VAL	Rypa	
	10 Down 10 11 11		
	[S, P, R, I, M, S, 4, 4, 1, 1, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	STATE	ZIP CODE
Title or Position			
ニートオイダイクタン		Telephone number 61	151-15041-19101019

_	FEC Form 1 (Revised 02/2009)		Page 4
	Full Name of Designated Agent	ANTIG4 J. 1819988141111		
	Mailing Address	88, DAZ MANIEY PA		
		SPRING H:42	STATE	3,7,5,74
	Title or Position	ATE Telephone	e number 6	15-504-9008
	Banks or Other Dep safety deposit boxes of Name of Bank, Depos		mmittee deposits	funds, holds accounts, rents
	R.	eigi on si Bawk		
	Mailing Address	USO 4+H ANRIQUE		
		WASAVI, LLE		3,7219-0621
		CITY	STATE	ZIP CODE
	Name of Bank, Depo	sitory, etc.	······ •	
	[R]	egiana Banh		
	Mailing Address	88 OAK VATER DY	1-16750	MAYELL
		MASHANIZEE	, NAS	hui,448
		S.P. S.		B77191-
		CITY	STATE	ZIP CODE

FEC	Form	18	(Revised	02/2017

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

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Page	 of	

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5(g)	or(h). Joint Fundraising Participant:
	1. FEC ID number
	2 FEC ID number C
	3. FEC ID number
	4. FEC ID number C
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
	Mailing Address
	Relationship: CITY ▲ STATE ▲ ZIP CODE ▲
	Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify by name, address (phone number – optional)
	Full Name
	Mailing Address
	CITY ▲ STATE ▲ ZIP CODE ▲
	TITLE OR POSITION ▼ Telephone Number
	Telepriorie Number
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, REBITENS BAIN K
	Mailing Address U50414+H1Ade
	<u> </u>
	MASHIVI 1218 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	CITY ▲ · STATE ▲ ZIP CODE ▲

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1050 Frist Street, NE Washington, DC 20463

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(3/2015)

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