

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

Brooks for Senate

ADDRESS (number and street) 3045 Barnes Bend Dr.

(Check if address is changed)

Antioch

CITY ▲

TN

STATE ▲

37013

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

lnabors1976@gmail.com

Optional Second E-Mail Address

tonoabrooksforSenate2020@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

BrooksforSenate.org

2. DATE

07 / 28 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00739227

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 Nabors, LaQuilla, , Dr.,

Signature of Treasurer

Nabors, LaQuilla, , Dr.,

[Electronically Filed]

Date

07 / 28 / 2020

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 Use Only

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 Brooks, Natisha, , ,

Candidate Party Affiliation REP 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.)

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.
- (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

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Brooks for Senate

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 Committee 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 Nabors, LaQuilla, , Dr.,

Mailing Address 3045 Barnes Bend Dr.

Antioch TN 37013

CITY STATE ZIP CODE

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 615 394 2697

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 Nabors, LaQuilla, , Dr.,

Mailing Address 3045 Barnes Bend Dr.

Antioch TN 37013

CITY STATE ZIP CODE

Title or Position Treasurer Telephone number 615 394 2697

Full Name of Designated Agent

Foster-Freeman, Tonoa, , Ms.,

Mailing Address

137 N. Electra

Gallatin

TN

37066

CITY

STATE

ZIP CODE

Title or Position

Telephone number

615

948

5993

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

Mailing Address

1042 Glenbrookway

Hendersonville

TN

37075

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE