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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the line.

12FE0M5

ARRIOLA FOR CONGRESS

ADDRESS (number and street)

P.O. Box 111636

(Check if address is changed)

NASHVILLE

TN 37202

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

3. FEC IDENTIFICATION NUMBER

C To Be Assigned

4. IS THIS STATEMENT

NEW (N)

OR

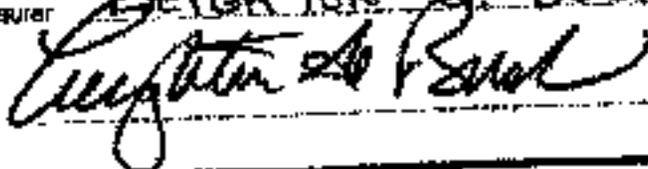
AMENDED (A)

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

BEIGH TON G. BUSH

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 Use Only				
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For further information contact:
Federal Election Commission
Tel. Free 800-424-9530
Local 202-694-3100

FEC FORM 1
(Revised 1/01)

FEC Form 1 (Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (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

JOHN ARRIGOLA

Candidate Party Affiliation

DEM

Office Sought:

House

Senate

President

State

TN

District

05

(c)

This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d)

This committee is a

(National, State or subordinate) committee of the

(Democratic, Republican, etc.) Party.

(e)

This committee is a separate segregated fund.

(f)

This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

ARRIOLA FOR CONGRESS

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 ROBERT D. NORLING

Mailing Address 1200 DIVISION STREET
SUITE 102
NASHVILLE TN 37203-4000

Title or Position CPA CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 615-321-5149

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 LEIGHTON G. BUSH

Mailing Address 178 THOMPSON LANE
NASHVILLE TN 37211

Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 615-1834-4556

Full Name of Designated Agent MICHELLE ARRIOLA

Mailing Address 225 ELYSIAN FIELDS
NASHVILLE
NASHVILLE TN 37211

Title or Position ASST. TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 615-1833-8533

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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

SUNTRUST BANK

4310 NOLENSVILLE ROAD

NASHVILLE TN 37211

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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<div style="display: flex; justify-content: space-between;"> <i>AMU</i> PREPARER <i>4-22-02</i> DATE PREPARED </div>	