State of Tennessee
Department of State
Division of Elections
312 Eighth Avenue North
Ninth Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243
Phone: (615) 741-7956 Fax: (615) 741-1278

April 5, 2006

Mr. Gayl G. Pratt
643 Linda Lane
Clarksville, TN 37042

Dear Mr. Pratt:

This is to inform you that your petition was verified to have been signed by at least 25 registered voters. You have filed the necessary documents with this office to have your name placed on the November 7, 2006, ballot as an independent candidate for the office of U.S. House of Representatives for the 7th Congressional District. Absent any challenge to your qualifications to seek this office, your name will appear on the ballot.

If you have any questions, please do not hesitate to contact our office at (615) 741-7956.

Sincerely,

Brook Thompson
Coordinator of Elections

gb

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 APR 19 A 8:04

Office Use Only

1. NAME OF COMMITTEE (In full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

PRATT FOR CONGRESS

ADDRESS (number and street) 643 LINDA LANE

☐ (Check if address is changed)

CLARKSVILLE TN 37042-6345

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

PRATTFORCONGRESS@WEBTV.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

___-___-____

2. DATE 04 / 12 / 2006

3. FEC IDENTIFICATION NUMBER ▶ C

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 GAYLE G. PRATT

Signature of Treasurer Gayle G Pratt Date 04 / 12 / 2006

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 02/2003)

FE3AN042

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5. TYPE OF COMMITTEE (Check One)

(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 the candidate information below.)

Name of Candidate: GAYLE G PRATT

Candidate Party Affiliation: IND

Office Sought: [X] House [ ] Senate [ ] President

State: TX

District: 07

(c) [X] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate: GAYLE G PRATT

(d) [X] This committee is a STA (National, State or subordinate) committee of the IND (Democratic, Republican, etc.) Party.

(e) [ ] This committee is a separate segregated fund.

(f) [X] This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

26039507272

6. **Name of Any Connected Organization or Affiliated Committee**

NONE

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

PRATT 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: GAYL G PRATT

Mailing Address: 643 LINDA LANE

CLARKSVILLE | TN | 37042-6345

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

CANDIDATE

Telephone number: 931-645-5779

26039050726

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: GAYL G PRATT

Mailing Address: 643 LINDA LANE

CLARKSVILLE | TN | 37042-6395

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

CANDIDATE

Telephone number: 931-645-5779

Full Name of Designated Agent:

Mailing Address:

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone 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, Depository, etc. NONE AT This TIME

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

26039050727

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered — Date of Receipt

☑ USPS First Class Mail — Postmarked 4-14-06

☐ USPS Registered/Certified — Postmarked (R/C)

☐ USPS Priority Mail — Postmarked

Delivery Confirmation™ or Signature Confirmation™ Label ☐

☐ USPS Express Mail — Postmarked

☐ Postmark Illegible

☐ No Postmark

☐ Overnight Delivery Service (Specify): — Shipping Date

Next Business Day Delivery ☐

☐ Received from House Records & Registration Office — Date of Receipt

☐ Received from Senate Public Records Office — Date of Receipt

☐ Received from Electronic Filing Office — Date of Receipt

☐ Other (Specify): — Date of Receipt or Postmarked

fmb — PREPARER

4-19-06 — DATE PREPARED

(3/2005)

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