Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. THE COMMITTEE TO ELECT DELEGATES 511 UNION STREET ADDRESS (number and street) **SUITE 1900** (Check if address is changed) **NASHVILLE** ΤN 37219 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS KEVIN@BROGHAMERLLC.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00586891 FEC IDENTIFICATION NUMBER > 3. X 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. KEVIN BROGHAMER Type or Print Name of Treasurer KEVIN BROGHAMER [Electronically Filed] 09 16 2015 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
Nam Can	ne of didate	JEB BUSH	
	didate y Affiliati	Office Sought: House Senate President	State
, are	y 7 mmaa	Solution Production	District
(c)	\times	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Con	nmittee:	_
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confidence of the control of the control of the confidence of the control of	nected 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 secommittee. (i.e., nonconnected committee)	gregated 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.)	
Join	nt Fund	raising Representative:	
(g)		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
(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	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		Page 3
	TEE TO ELECT DELEGATES	
	Organization, Affiliated Committee, Joint Fundraising Representative, or	r Landarchin DAC Spancar
	Jiganization, Anniated Committee, Joint Fundraising Representative, of	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representativ	ve Leadership PAC Sponsor
. Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the pers	son in possession of committee
	ROGHAMER	
Full Name	511 UNION STREET	
Mailing Address	SUITE 1900	
	NASHVILLE	37219
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	
3. Treasurer: List the name an any designated agent (e.g., a	nd address (phone number optional) of the treasurer of the committee; an assistant treasurer).	nd the name and address of
	ROGHAMER	1
of Treasurer	511 UNION STREET	
Mailing Address	SUITE 1900	
	NACIDAL F	137210
	NASHVILLE TN STATE	ZIP CODE
Title or Position TREASURER	Telephone number	

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Full Name of Designated Agent	TOM INGRAM	
Mailing Address	511 UNION STREET	
Ŭ	SUITE 1900	
	NASHVILLE TN	37219
	CITY STATE	ZIP CODE
Title or Position CHAIRMAN	Telephone number	
Banks or Other	r Depositories: List all banks or other depositories in which the committee deposits fun	ds, holds accounts, rents
Banks or Other safety deposit be Name of Bank, I	CHAIN BRIDGE BANK	ds, holds accounts, rents
safety deposit bo	oxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK 1445 LAUGHLIN AVE	ds, holds accounts, rents
safety deposit be Name of Bank, I	Depository, etc. CHAIN BRIDGE BANK 1445 LAUGHLIN AVE	22101
safety deposit be Name of Bank, I	Depository, etc. CHAIN BRIDGE BANK 1445 LAUGHLIN AVE	
safety deposit be Name of Bank, I	Depository, etc. CHAIN BRIDGE BANK 1445 LAUGHLIN AVE MCLEAN CITY STATE	22101
safety deposit be Name of Bank, I	Depository, etc. CHAIN BRIDGE BANK 1445 LAUGHLIN AVE MCLEAN CITY STATE	22101 ZIP CODE
safety deposit be Name of Bank, I	Depository, etc. CHAIN BRIDGE BANK 1445 LAUGHLIN AVE MCLEAN CITY STATE Depository, etc.	22101 ZIP CODE
Safety deposit be Name of Bank, I Mailing Address	Depository, etc. CHAIN BRIDGE BANK 1445 LAUGHLIN AVE MCLEAN CITY STATE Depository, etc.	22101 ZIP CODE
Safety deposit be Name of Bank, I Mailing Address	Depository, etc. CHAIN BRIDGE BANK 1445 LAUGHLIN AVE MCLEAN CITY STATE Depository, etc.	22101 ZIP CODE