FEC FORM 1		STATEM ORGANI	-	Of	PAGE 1 / 4
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
YesCare C	orp. Po	olitical Action	Committee		
ADDRESS (number a	nd street)	205 Powell Place			
(Check if a is changed		Suite 107			
Ŭ	,	Brentwood CITY ▲		LTN L370 STATE ▲	27 
COMMITTEE'S E-MA		SS			
(Check if a is changed		yescarepac@electio	oncompliance.com		
		Optional Second E-Mail	Address		
COMMITTEE'S WEB	address	DRESS (URL)			
2. DATE 10		D / Y Y Y Y 2022			
3. FEC IDENTIFIC	CATION NU	MBER ► C	C00345496		
4. IS THIS STATEN		NEW (N) OR	AMENDED (A)		
I certify that I have e	examined thi	is Statement and to the b	pest of my knowledge and belief	it is true, correct and	complete.
Type or Print Name	of Treasurer	Sholey, Jeff, , ,			
Signature of Treasure	er Sholey,	, Jeff, , ,	[Electronically Filed]	Date 10	20 / Y Y Y Y 2022
NOTE: Submission of	false, errone		tion may subject the person signing		penalties of 52 U.S.C. §30109
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

Image# 202210259541636751

10/25/2022 14 : 22

EC Form 1 (Revised 03/2022)	Page <b>2</b>
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. (Comp information below.)	lete the candidate
Name of Candidate	
CandidateOfficeParty AffiliationSought:HouseSenate	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
(d) This committee is a	nocratic, iblican, etc.) Party
Political Action Committee (PAC):	
(e) <b>x</b> This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
Corporation Corporation w/o Capital Stock	abor Organization
	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 seg committee. (i.e., nonconnected committee)	pregated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hy	brid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	

2.

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i) committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser С 1. С

EC Form 1	(Revised 02/2009)
-----------	-------------------

6.	Name of Any Connected Or YesCare Corp.	ganization, Affiliated	Committee, Jo	bint Fundraising	Representative, or	Leadership PAC Sponsor
	Mailing Address	205 Powell Place				
		Suite 107				
		Brentwood				37027
			CITY 🔺		STATE ▲	ZIP CODE
	Relationship: X Connected	Organization	ated Organizatior	Joint Fund	raising Representativ	e Leadership PAC Sponso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Outsourcing	LLC, PAC, , ,	
Full Name		
Mailing Address	5845 Richmond Highway	
	Suite 820	
	Alexandria	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼		
Custodian of Records	Telephone number     703     -     347     -     6551	

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	Sholey, Jeff, , ,							
of Treasurer								
Mailing Address	205 Powell Place							
	Suite 107							
	Brentwood TN 37027							
	CITY ▲ STATE ▲ ZIP CODE ▲							
Title or Position ▼								
PAC Treasurer         615         373         3100           Telephone number         1         1         1         1								

FEC Form 1 (Revised 02	2/2	20(	09	)																						Paç	ge 4	4	
Full Name of Designated Agent										 		I						1											
Mailing Address																													
	L																												
																											- [		
								С	ΤY									S	ΤА	ΤE				Z	P	CO	DE		
Title or Position ▼																													
													Те	lep	hor	ne	nu	mb	er				- [				- [_		

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.

Bank c	of America		
Mailing Address	One Bank of America Plaza		
	Nashville	TN 37239-	1697
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE