

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE
17 AUG 18 PM 1:28

Office Use Only

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

12FE4M5

BOB CORKER FOR SENATE 2018 INC

ADDRESS (number and street) 4515 Harding Pike, Ste. 110

(Check if address is changed)

Nashville

CITY ▲

TN

STATE ▲

37205-4001

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Kim@BobCorker.com

Optional Second E-Mail Address

Compton@BobCorker.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.BobCorker.com

2. DATE

08 / 11 / 2017

3. FEC IDENTIFICATION NUMBER ▶

C00430462

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 Kaegi, Kimberly, . . .

Signature of Treasurer

Date

08 / 11 / 2017

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)

20170818020024776

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 Corker, Jr., Robert P., , ,

Candidate Party Affiliation REP Dem Ind Other _____

Office Sought: House Senate President

State AL AK AR AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49

- (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 _____

20170818020024777

Write or Type Committee Name

BOB CORKER FOR SENATE 2018 INC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

2017 Senators Classic Committee

Mailing Address 228 S Washington St, Ste. 115

Alexandria

VA

22314-5404

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 Kaegi, Kimberly, . .

Mailing Address 4515 Harding Pike, Ste. 110

Nashville

TN

37205-4001

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

615

351

7129

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 Kaegi, Kimberly, . .

Mailing Address 4515 Harding Pike, Ste. 110

Nashville

TN

37205-4001

Title or Position Treasurer

CITY

STATE

ZIP CODE

Treasurer

Telephone number

615

351

7129

201708180200247776

Full Name of Designated Agent: Kaegi, Kimberly, , ,
 Mailing Address: 4515 Harding Pike, Ste. 110
 Nashville TN 37205-4001
 CITY STATE ZIP CODE
 Title or Position: Treasurer
 Telephone number: 615 - 351 - 7129

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.

Pinnacle National Bank
 Mailing Address: 2300 West End
 Nashville TN 37203
 CITY STATE ZIP CODE

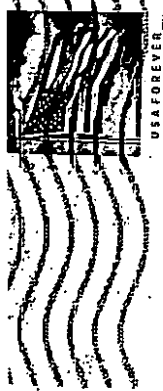
Name of Bank, Depository, etc.

Suntrust Bank
 Mailing Address: 736 Market Square
 Chattanooga TN 37401
 CITY STATE ZIP CODE

20170818020024779

20170801090750 SENATE 0818 111C
4515 Harding Pike, Ste. 110
Nashville, TN 37205

NASHVILLE TN 37203
11 AUG 2017 PM 7:11



Screened by
Senate Post Office
AUG 17 2017

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510



United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL 08/18/17
Date of Receipt

08/11/17
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

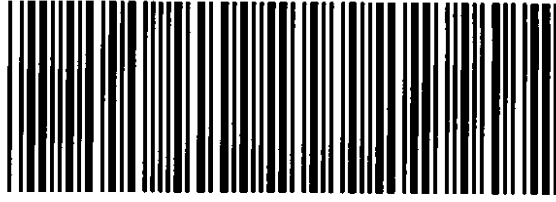
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

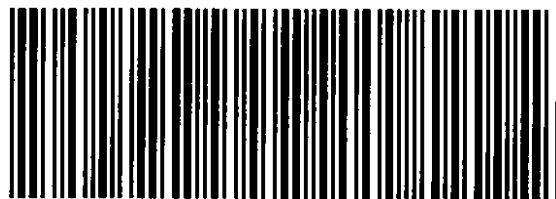
OTHER _____
Date of Receipt or Postmark

PREPARER MH DATE PREPARED 08/18/17

201708180200247761



SEN PATCH



SEN PATCH

201708180200247782