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FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. COACH PAC PO BOX 590012 ADDRESS (number and street) (Check if address is changed) BIRMINGHAM 35259 ALCITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS janna@crosbyott.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00762260 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. YOUNG, TERRY, , , Type or Print Name of Treasurer YOUNG, TERRY, , , [Electronically Filed] 12 16 2020 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				
	PE OF COMMITTEE						
	naidate	date Committee:					
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candida information below.)						
	ne of didate						
	didate y Affiliatio	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District				
	ne of didate						
Par	rty Con	nmittee:					
(d)		(National, State	Democratic, Republican, etc.) Party.				
Pol	itical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	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)			gradated fund or party				
(f) This committee supports/opposes more than one Federal candidate, and is NOT a committee. (i.e., nonconnected committee)			gregated fulld of party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joir	nt Fund	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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.						

FEC Form 1 (Revised		Page 3
Write or Type Committee Nar	me	
COACH PAC		
_	I Organization, Affiliated Committee, Joint Fundraising Representation	ve, or Leadership PAC Sponsor
TUBERVILLE, THON	MAS H, , , 	
Mailing Address	379 CHERRY STREET	
	AUBURN AL	36830
	CITY STATE	ZIP CODE
	ted Organization Affiliated Committee Joint Fundraising Represen	
 Custodian of Records: Id books and records. 	lentify by name, address (phone number optional) and position of the	person in possession of committee
	s, TERRY, , ,	1
Full Name	PO BOX 590012	
Mailing Address		
	BIRMINGHAM	35259
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	
3. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee, assistant treasurer).	ee; and the name and address of
Full Name YOUNG,	, TERRY, , ,	ı
of Treasurer	PO POV 500040	
Mailing Address	PO BOX 590012	
	BIRMINGHAM	35259
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	

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Full Name of Designated	1	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits fooxes or maintains funds. Depository, etc.	iunus, noius accounts, rents
safety deposit b Name of Bank,	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE	unus, noius accounts, rents
safety deposit b	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE	unus, noius accounts, rents
safety deposit b Name of Bank,	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE	22101
safety deposit b Name of Bank,	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN VA	22101 1
safety deposit b Name of Bank,	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN VA	22101 1
safety deposit b Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE Depository, etc.	22101
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE Depository, etc.	22101
safety deposit b Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE Depository, etc.	22101 ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE Depository, etc.	22101
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE Depository, etc.	22101

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) o	or(h). Joint Fundraisin ç	ı Participant:			
	1		FEC	ID number	C
	2		FEC	ID number	C
	3.		FEC	ID number	C
	4.		FEC	ID number	C
6.	Name of Any Connected (Organization, Affiliated Committee, Joint F	undraising Re	epresentativ	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 590012			
		BIRMINGHAM		AL	35259
	Relationship:	CITY A		STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Joint Fundraisi	ng Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional	l)		
	Full Name				
	Mailing Address				
	TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲
			Telephone	Number	
	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other depositories in w ntains funds.	hich the comn	nittee deposit	s funds, holds accounts, rents
		1			
	Mailing Address				
ı		CITY A		STATE ▲	ZIP CODE 🛦