FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		IIZATION structions)	Office use only
1. NAME OF COMMITTEE (in	(Check if na iull) is changed)	me Example: If typying, type over the lines	12FE4M5
Friends of Tys	on Pratcher		
1			
ADDRESS (number and s	street) 454 North Wille	itt	
(Check if address is changed)	Memphis		TN 38112 -
		CITY	STATE▲ ZIP CODE ▲
committee's e-mai			ı
			<u></u>
COMMITTEE'S WEB	DACE ADDRESS (URL)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
COMMITTEES WEB	PAGE ADDRESS (URL)		1
			
COMMITTEE'S FAX N	UMBER		
2. DATE 0 4	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER	C C00421578	
4. IS THIS STATEM	ENT X NEW (N)	OR AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of	my knowledge and belief it is true, correct	and complete
Type or Print Name of	Treasurer Allison E. F	lorne	
Type of Time Hame of			
Signature of Treasurer	Electronically Filed by Allis	on E. Horne	Date 04 / 15 / Y Y Y Y Y
NOTE: Submission of fall	·	ion may subject the person signing this Si	atement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS
Office Use Only		For further informatio Federal Election Comm Toll Free 800-424-953	ission FEC FORM 1

	FECForm 1 (Revised 02/2003)	Page 2					
5.	TYPE OF COMMITTEE (Check One)						
	(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 Tyson Anwar Pratcher Candidate						
	Candidate Party Affiliation Office Sought: X House Senate President	State TN District 9					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate LILINIA CANCER CAN						
	(d) This committee is a (or subordinate) committee of the Rep	mocratic, publican,etc.) Party.					
	e) This committee is a separate segregated fund						
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party					
6.	Name of Any Connected Organization or Affiliated Committee						
L	None						
	Mailing Address						
	CITY▲ STATE▲ Z	ZIP CODE A					
	Relationship						
	Corporation Corporation w/o Capital Stock Labor Organization	on					
	Membership Organization Trade Association Cooperative						

FEC Form 1 (Revised 02/200	03)		Page 3				
Write or Type Committee Name							
Friends of Tyson Pratcher							
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in cossession of Committee books and records.						
Full Name Allison E.	Horne						
Mailing Address	454 North Willett						
_	Memphis		38112				
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A				
Custodian of Records Telephone number							
3. Treasurer: List the name and name and address of any des Full Name of Treasurer Allison E.	l address (phone number optional) o ignated agent (e.g., assistant treasure Horne	of the treasurer of the commer).	ittee; and the				
Mailing Address	454 North Willett						
_	Memphis		38112				
Title or Position ♥	CITY A	STATE	ZIP CODE A				
Treasurer		Telephone number					
Full Name of Designated Agent							
Mailing Address							
-							
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A				
		Telephone number					

	FEC Form 1	(Revised 02/2003)	Page 4	
9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds. Name of Bank, Depository, etc.			
		First Tennessee		
	Mailing Address	4655 Poplar		
		Memphis TN 381	17	

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷