

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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Office Use Only MAIL CENTER

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

BARGE, WAGGONER, SUMNER & CANNON, INC.

FEDERAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

211, COMMERCE STREET

(Check if address is changed)

SUITE 600

NASHVILLE TN 37201

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(X) (Check if address is changed)

paula.harris@bwsc.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

04 / 20 / 2012

3. FEC IDENTIFICATION NUMBER

C 00417360

4. IS THIS STATEMENT

(Check if NEW)

NEW (N)

OR

(X) (Check if AMENDED)

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 Paula E. Harris

Signature of Treasurer

Paula E. Harris

Date

04 / 20 / 2012

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.

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For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

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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 \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (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  \_\_\_\_\_

2. \_\_\_\_\_ FEC ID number  \_\_\_\_\_

3. \_\_\_\_\_ FEC ID number  \_\_\_\_\_

4. \_\_\_\_\_ FEC ID number  \_\_\_\_\_

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Write or Type Committee Name

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

B A R G E | W A G G O N E R | S U M N E R | & | C A N N O N , | I N C |

Mailing Address

2 1 1 | C O M M E R C E | S T R E E T |  
S U I T E | 6 0 0 |  
N A S H V I L L E | T N | 3 7 2 0 1 | - |  
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 P A U L A , E . H A R R I S

Mailing Address 2 1 1 | C O M M E R C E | S T R E E T |  
S U I T E | 6 0 0 |  
N A S H V I L L E | T N | 3 7 2 0 1 | - |  
CITY STATE ZIP CODE

Title or Position

T R E A S U R E R Telephone number 6 1 5 | - | 2 5 2 | - | 4 3 1 2

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 P A U L A , E . H A R R I S

Mailing Address 2 1 1 | C O M M E R C E | S T R E E T |  
S U I T E | 6 0 0 |  
N A S H V I L L E | T N | 3 7 2 0 1 | - |  
CITY STATE ZIP CODE

Title or Position  
T R E A S U R E R Telephone number 6 1 5 | - | 2 5 2 | - | 4 3 1 2

12030794897

Full Name of Designated Agent

J O S E P H A L E D F O R D

Mailing Address

1 0 1 3 3 S H E R R I L L B L V D

S U I T E 2 0 0

K N O X V I L L E T N 3 7 9 3 2

CITY

STATE

ZIP CODE

Title or Position

A S S I S T A N T T R E A S U R E R

Telephone number

8 6 5 - 6 3 7 - 2 8 1 0

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.

P I N N A C L E N A T I O N A L B A N K

Mailing Address

1 5 0 3 r d A V E N U E S O U T H

N A S H V I L L E T N 3 7 2 0 1

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030794898

Federal Election Commission  
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The FEC added this page to the end of this filing to indicate how it was received.

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Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked

  
PREPARER

*4/30/12*  
DATE PREPARED

12030794899