PAGE 1 / 9

FEC FORM 1		STATEME ORGANIZ			
					Office Use Only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Mark Greer	n for C	ongress		1 1 1 1 1	
ADDRESS (number a	nd street)	PO Box 331046			
(Check if a	address				
is changed	1)	Nashville CITY A		TN 3	37203
COMMITTEE'S E-MA	AIL ADDRES	SS			
(Check if a is changed		compliance@rightsid	ecompliance.com	1 1 1 1 1 1	
is changed	1)	Optional Second E-Mail A	ddress		
COMMITTEE'S WEB (Check if a is changed	address	PRESS (URL) markgreen4tn.com			
2. DATE 05					
3. FEC IDENTIFIC	CATION NU	MBER ▶ C	C00658385		
4. IS THIS STATEM	MENT	NEW (N) OR	x AMENDED (A)		
I certify that I have e	examined thi	is Statement and to the bes	st of my knowledge and belief it	is true, correct a	nd complete.
Type or Print Name	of Treasurer	Hobbs, Cabell, , ,			
Signature of Treasure	er <i>Hobbs</i> ,	Cabell, , ,	[Electronically Filed]	Date 05	02 2023
NOTE: Submission of	false, errone		n may subject the person signing t		he penalties of 52 U.S.C. §30109
Office Use Only			For further information confederal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

E	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) X 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 candinformation below.)	didate
	Name of Candidate Green, Mark, , Dr.,	
	Party Affiliation REP Sought: * House Senate President	State TN
	(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 Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organiz	ation
	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 committee. (i.e., nonconnected committee)	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 (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Committees Participating in Joint Fundraiser	
	1	

	FEC Form 1	1 (Revised 02/2009)	Page 3
W	/rite or Type Comn		
	Mark Gre	een for Congress	_
6.		onnected Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	Freedomvvo	orks Victory 2018	
	Mailing Adduses	PO Box 26141	
	Mailing Address		
		ıAlexandria	20042
		Alexandria	22313
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization x Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Rec	cords: Identify by name, address (phone number optional) and position of the person in ds.	possession of committee
		Hobbs, Cabell, , ,	
	Full Name		
	Mailing Address	PO Box 341027	
		Austin	78734
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position	▼	
	Treasurer	Telephone number	
8.		he name and address (phone number optional) of the treasurer of the committee; an agent (e.g., assistant treasurer).	d the name and address of
	Full Name	Hobbs, Cabell, , ,	
	of Treasurer		
	Mailing Address	PO Box 341027	
		Austin	78734
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position	▼	
	Treasurer	Telephone number	

	FEC Form 1	(Revised 02/2009)		Page 4
D	full Name of Designated			
IV	Mailing Address			
Т	itle or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
L			mber	
		Depositories: List all banks or other depositories in which the committees or maintains funds.	ee deposits fur	nds, holds accounts, rents
N	ame of Bank, D	epository, etc.		
		Pinnacle Financial Partners		
М	lailing Address	150 3rd Avenue South		
		Suite 900		
		Nashville	TN	37201
		CITY A	STATE ▲	ZIP CODE ▲
N	ame of Bank, D	epository, etc.		
		Chain Bridge Bank		
M	lailing Address	1445A laughlin Avenue		
		McLean	VA	22101
		CITY A	STATE ▲	ZIP CODE ▲

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

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund Y FUND	raising Representative	e, or Leadership PAC Sponso
Mailing Address	PO BOX 2706		
	BRENTWOOD	TN	37024
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join Ty by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Representa	Leadership PAC Spo
Designated Agent: Identi		t Fundraising Representa	Leadership PAC Spo
Designated Agent: Identi		t Fundraising Representation	Leadership PAC Spo
Designated Agent: Identi		t Fundraising Representation	Leadership PAC Spo
Designated Agent: Identi	y by name, address (phone number – optional)	STATE A	Leadership PAC Spo
Designated Agent: Identing Full Name Mailing Address	by by name, address (phone number – optional) CITY		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or markets	cy by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name	cories: List all banks or other depositories in which aintains funds. ght Bank 4445 Willard Ave	STATE A	ZIP CODE A

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

1.		FEC ID number	C
3.			
		FEC ID number	С
4.		FEC ID number	C
		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
Mailing Address	PO BOX 26141		
	ALEXANDRIA	VA VA	22313
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identify	by name, address (phone number – optional)		
Designated Agent: Identify	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name		STATE A	7IP CODE A
Full Name	CITY A	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraising	p Participant:		
(3)	1.		FEC ID number C	
	2.		FEC ID number C	
	3.		FEC ID number	
	4.		FEC ID number C	
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundra	ising Representative, or Leadership	PAC Sponsor
	Mailing Address	320 FIRST STREET SE		
		Washington	DC 20003	-
	Relationship:	CITY ▲	STATE ▲ ZIP	CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representative Leader	ship PAC Sponsor
8.		by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A ZIP C	
8.	Full Name Mailing Address	CITY A	STATE A ZIP C	-
8. 9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A Tel ies: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION	CITY A Tel ies: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank,	CITY A Tel ies: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A Tel ies: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A Tel ies: List all banks or other depositories in which t	ephone Number	

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

h). Joint Fundraisi			, FEC	D number	C
1.				D number	C
2.					
3.			FEC	D number	С
4.			FEC	D number	C
			t Fundraising Re	epresentativ	e, or Leadership PAC Spon
FREEDOMWORI	KS VICTORY 2	2022			
Mailing Address	PO BOX 26141				
	ALEXANDRIA			VA	22313
Relationship:		CITY ▲		STATE ▲	ZIP CODE ▲
Connecte	d Organization	Affiliated Committee	Joint Fundraisi	ng Represent	ative Leadership PAC S
Connecte				ng Represent	ative Leadership PAC S
				ng Represent	ative Leadership PAC S
esignated Agent: Identif				ng Represent	ative Leadership PAC S
esignated Agent: Identif				ng Represent	ative Leadership PAC S
esignated Agent: Identif	y by name, address	(phone number – optic	onal)		
esignated Agent: Identif	y by name, address	s (phone number – optic	onal)	ng Represent	
esignated Agent: Identif Full Name Mailing Address	y by name, address	(phone number – optic	onal)	STATE A	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	y by name, address	city A	Telephone	STATE A	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposited Afety deposit boxes or mailing and m	y by name, address	city A	Telephone	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	y by name, address	city A	Telephone	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address	city A	Telephone	STATE A	ZIP CODE A

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

FREEDOMWOF	PO BOX 26141 ALEXANDRIA CITY and Organization Affiliated Committee, Affiliated Committee Affiliated Committee fy by name, address (phone number -	FEC FEC Joint Fundraising Re	VA STATE A	C C C c, or Leadership PAC Spons
3. 4. Name of Any Connected FREEDOMWOF Mailing Address Relationship: Connected Connec	PO BOX 26141 ALEXANDRIA CITY A ed Organization Affiliated Committee	FEC FEC Joint Fundraising Re	ID number ID number Representative	C C e, or Leadership PAC Spons
Name of Any Connected FREEDOMWOF Mailing Address Relationship: Connected	PO BOX 26141 ALEXANDRIA CITY A ed Organization Affiliated Committee	Joint Fundraising R	ID number Representative VA STATE	e, or Leadership PAC Spons
Name of Any Connected FREEDOMWOF Mailing Address Relationship: Connected	PO BOX 26141 ALEXANDRIA CITY A ed Organization Affiliated Committee	Joint Fundraising R	Pepresentative	e, or Leadership PAC Spons
FREEDOMWOF Mailing Address Relationship: Connec Designated Agent: Iden Full Name	PO BOX 26141 ALEXANDRIA CITY A ed Organization Affiliated Committee		VA STATE A	22313
FREEDOMWOF Mailing Address Relationship: Connec Designated Agent: Iden Full Name	PO BOX 26141 ALEXANDRIA CITY A ed Organization Affiliated Committee		VA STATE A	22313
Relationship: Connec Designated Agent: Iden Full Name	ALEXANDRIA CITY Affiliated Committee	y Joint Fundraisi	STATE ▲	
Relationship: Connec Designated Agent: Iden Full Name	ALEXANDRIA CITY Affiliated Committee	y Joint Fundraisi	STATE ▲	
Relationship: Connec Designated Agent: Iden Full Name	ALEXANDRIA CITY Affiliated Committee	y Joint Fundraisi	STATE ▲	
Designated Agent: Iden Full Name	CITY ▲ ed Organization Affiliated Committe	y Joint Fundraisi	STATE ▲	
Connect Connec	CITY ▲ ed Organization Affiliated Committe	y Joint Fundraisi	STATE ▲	
Connect Connec	ed Organization Affiliated Committe	Joint Fundraisi		ZIP CODE ▲
Designated Agent: Iden Full Name		Joint Fundraisi	ing Ponrocents	
		1 1 1 1 1 1 1		
Mailing Address				
	1	.	1	
TITLE OR POSITIO	CITY ▲		STATE ▲	ZIP CODE ▲
		Telephone	Number	