Only

04/09/2018 16:54

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mickie Lou Banyas for Congress 1657 East Stone Drive ADDRESS (number and street) B 184 (Check if address is changed) Kingsport 37660 TN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS banyasmickie@hotmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2018 C00675801 FEC IDENTIFICATION NUMBER 3. X 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. Banyas, Mickie, Lou,, Type or Print Name of Treasurer Banyas, Mickie, Lou,, [Electronically Filed] 04 2018 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

		4 (Paying 00/0000)	Daga 2
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE e 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. (Con information below.)	nplete the candidate
Nam Cand	e of didate	Banyas, Mickie, Lou, ,	
	didate / Affiliation	on REP Office Sought: * House Senate President	State TN District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		

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Write or Type Committee Na		- age •
	nyas for Congress	
	1 Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STA	TE ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
7. Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of t	the person in possession of committee
	, Mickie, Lou, ,	
Full Name	1657 East Stone Drive	
Mailing Address	B 184	
	Kingsport , TN	37660
Title or Position	CITY STATE	E ZIP CODE
	Telephone number	
8. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the comm., assistant treasurer).	nittee; and the name and address of
	Mickie, Lou, ,	
of Treasurer	1657 East Stone Drive	
Mailing Address	IB 184	
		1
	Kingsport TN CITY STATE	
Title or Position	. STATE	ZII OODL
	Telephone number	

I LO FOII	m 1 (Revised 02/2009)	Page 4
Full Name of Designated	Banyas, Mickie, Lou, ,	
Agent		
Mailing Address	1657 East Stone Drive	
	B 184	
	Kingsport TN 3766	0
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit be Name of Bank,	Depository, etc.	
	Depository, etc. Bank of Tennessee ,301 East Center Street	
Name of Bank,	Depository, etc. Bank of Tennessee 301 East Center Street	
Name of Bank,	Depository, etc. Bank of Tennessee ,301 East Center Street	
Name of Bank,	Depository, etc. Bank of Tennessee 301 East Center Street	D ZIP CODE
Name of Bank,	Depository, etc. Bank of Tennessee 301 East Center Street Kingsport TN 37666	
Name of Bank, Mailing Address	Depository, etc. Bank of Tennessee 301 East Center Street Kingsport TN 37666	
Name of Bank, Mailing Address	Depository, etc. Bank of Tennessee 301 East Center Street	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of Tennessee 301 East Center Street	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of Tennessee 301 East Center Street	