FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | · · · · · | II WAINE | A1101 | | | | | | | | |
|-----------------------------|----------------------------|----------------------------|-------------|--|--------------------------|------------|------------------------|------------|------------------|-------|---------------------|
| | | (See instruction | ons) | | | | | Office use | only | | |
| 1. NAME OF COMMITTEE (ii | n full) | (Check if name is changed) | | ple: If typyin he lines | g, type | 12FE | 4M5 | 1 1 | | | |
| BALCH AND | BINGHAM LLP FE | DERAL POLITIC | CAL COM | MITTEE | | | | 111 | | | |
| | <u> </u> | <u> </u> | | | | | | | | | |
| ADDRESS (number an | d street) | Sixth Avenue I | North | | | | | | | | |
| X (Check if add | dress | | | | | | | | | — | Ш |
| is changed) | Birm | ingham | | | ш | L AL | L | 35 | 203 _ [| | Ш |
| COMMITTEE'S E-M | AIL ADDRESS | | CITY▲ | | | STATE. | • | Z | ZIP CODE | ≣ ▲ | |
| jhancock@ba | alch.com | 1 1 1 1 1 1 | 1 1 1 | <u> </u> | 1 1 1 1 | 1 1 1 | 1.1 | 1 1 1 | | | لب |
| | | 1 1 1 1 1 | 1 1 1 | | 1 1 1 | 1 1 1 | 1 1 | 1 1 1 | 1 1 1 | | |
| COMMITTEE'S WE | B PAGE ADDRESS (U | RL) | | | | | | | | | 1 |
| | 111111 | 1 1 1 1 1 1 | 1 1 1 | | 1 1 1 1 | 1 1 1 | 1 1 | 1 1 1 | | | لــــــا |
| | | | 1 1 1 | | 1 1 1 1 | 1 1 1 | 1 1 | 1 1 1 | 1 1 1 | 1 1 | 11 |
| 2054885878 2. DATE 2. DATE | M / D D / Y | 2 0 0 8 ° | | | | | | | | | |
| 3. FEC IDENTIFIC | ATION NUMBER | | C C00 | 358440 | | 1 | | | | | |
| 4. IS THIS STATE | MENT X NEW | / (N) OR | | AMENE | DED (A) | | | | | | |
| I certify that I have exar | mined this Statement and | to the best of my kno | owledge and | I belief it is tru | ıe, correct ar | nd complet | е | | | | |
| Type or Print Name o | of Treasurer | lames H. Hanco | ock, Jr. | | | | | | | | |
| Signature of Treasure | er Electronically File | d by James H. | Hancocl | c, Jr. | | Date | 12 ^M | / D 2 | 9 / Y | Ý 2 0 | 0 8 0 |
| NOTE: Submission of | false, erroneous, or incon | nplete information ma | | | Ü | | • | | S.C. S437 | 'g. | |
| Office Use Only | | | | For further in Federal Elect Toll Free 800 Local 202-69 | ion Commiss -424-9530 | | | | C FOR | | |

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|-----------------------------|--|---|
| 5. TYPE OF C | OMMITTEE (Check One) 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 tinformation below.) | he candidate |
| Name of Candidate | | |
| Candidate Party Affiliat | 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 Comr | | |
| (d) | (National, State This committee is a (or subordinate) committee of the | (Democratic, Republican,etc.) Party. |
| Political Ac | tion Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | d organization is a: |
| | Corporation Corporation w/o Capital Stock La | bor Organization |
| | Membership Organization Trade Association Co | poperative |
| (f) X | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee) | d fund or party |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint Fundr | aising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | r 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. | or more political |
| Com | mittees Participating in Joint Fundraiser | |
| | 1. FEC ID number | |
| | 2. FEC ID number | |
| | 3. FEC ID number | |
| | 4. FEC ID number | |
| | 5 FEC ID number C | |

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|--|---|---------------------------|------------------|--------------------------|
| Write or Type Committee Name | | | | |
| BALCH AND BINGHAM | LLP FEDERAL POLITICAL COMM | MITTEE | | |
| 6. Name of Any Connected Or | ganization, Affiliated Committee, Lead | ership PAC Sponsor or Joi | nt Fundraising | Representative |
| NONE | | | | |
| | | | | |
| Mailing Address | | | | |
| | | | | |
| | | | | |
| | CITY | STA | TE 🛦 | ZIP CODE |
| Relationship: | _ | | _ | |
| Connected Organization | Affiliated Committee | Leadership PAC Sponsor | Joint Fur | ndraising Representative |
| Custodian of Records: Id possession of Committee | entify by name, address, (phone nu | mber optional), and po | sition of the p | erson in |
| Full Name James | H. Hancock, Jr. | | | |
| Mailing Address | P. O. Box 306 | | | |
| | Birmingham | | <u>.L</u> | 35201 |
| Title or Position ▼ | CITY A | STA | ATE & | ZIP CODE A |
| Partner | | Telephone number | _205 | 226 – 3418 |
| | | | | |
| | and address (phone number opti y designated agent (e.g., assistant t | | he committee | ; and the |
| Full Name of Treasurer | s H. Hancock, Jr. | | | |
| Mailing Address | P. O. Box 306 | | | |
| | Birmingham | | AL | 35201 _– |
| Title or Desiries ** | | | | |
| Title or Position ♥ | CITY A | SIA | ATE A | ZIP CODE A |
| Partner | | Telephone number | 205 _ | 226 _ 3418 |

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|--|---|---------------------------------|---------------------|
| Full Name of Designated Agent | Gregory Butrus | | |
| Mailing Address | P. O. Box 306 | | |
| | Birmingham | AL | 35201 – |
| Title or Position ▼ | CITY A | STATE A | ZIP CODE A |
| Asst. Tre | easurer Tel | ephone number 205 | |
| | | and the state of the foundation | olds accounts rents |
| Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository, | intains funds. | committee deposits funds, n | odo docodino, reme |
| safety deposit boxes or ma Name of Bank, Depository, | intains funds. | | |
| safety deposit boxes or ma Name of Bank, Depository, | intains funds. etc. | committee deposits funds, n | |
| safety deposit boxes or ma Name of Bank, Depository, | intains funds. etc. chovia Bank, N.A. | committee deposits funds, n | |
| safety deposit boxes or ma Name of Bank, Depository, Wae | etc. chovia Bank, N.A. 1301 Pennsylvania Avenue, NW | committee deposits funds, n | 20004 _ |
| safety deposit boxes or ma Name of Bank, Depository, | intains funds. etc. chovia Bank, N.A. 1301 Pennsylvania Avenue, NW DC1197 | | |
| safety deposit boxes or ma Name of Bank, Depository, | intains funds. etc. chovia Bank, N.A. 1301 Pennsylvania Avenue, NW DC1197 Washington CITY △ | DC DC | 20004 |
| safety deposit boxes or ma Name of Bank, Depository, Wad Mailing Address Name of Bank, Depository, | intains funds. etc. chovia Bank, N.A. 1301 Pennsylvania Avenue, NW DC1197 Washington CITY △ | DC DC | 20004 |
| safety deposit boxes or ma Name of Bank, Depository, Wad Mailing Address Name of Bank, Depository, | intains funds. etc. chovia Bank, N.A. 1301 Pennsylvania Avenue, NW DC1197 Washington CITY etc. | DC STATE △ | 20004 ZIP CODE |
| safety deposit boxes or ma Name of Bank, Depository, Wat Mailing Address Name of Bank, Depository, Cor | intains funds. etc. chovia Bank, N.A. 1301 Pennsylvania Avenue, NW DC1197 Washington CITY etc. mpass Bank Financial Center | DC STATE △ | 20004 ZIP CODE |
| Name of Bank, Depository, Mailing Address Name of Bank, Depository, Cor | etc. chovia Bank, N.A. 1301 Pennsylvania Avenue, NW DC1197 Washington CITY etc. mpass Bank Financial Center | DC STATE △ | 20004 ZIP CODE |