

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAIL CENTER

2009 MAY 27 A 9 43
Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

B L A C K S I N G O V E R N M E N T P O L I T I C A L A D V A N C E M E N T C O U N C I L

ADDRESS (number and street)

4 2 4 S O U T H D E C A T U R S T R E E T

(Check if address
is changed)

M O N T G O M E R Y

A L

3 6 1 0 4 -

CITY

STATE

ZIP CODE

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

(Check if address
is changed)

gregg@alaedu.org / tamikar@alaedu.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.alabamademocraticconference.org

2. DATE

M M / D D / Y Y Y Y

3. FEC IDENTIFICATION NUMBER

C 0 0 3 1 9 5 1 7

4. IS THIS STATEMENT

NEW (N)

OR

X

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

Joe L. Reed

Signature of Treasurer

Date

0 5 / 1 9 / 2 0 0 9

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
Use
Only

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

FEC FORM 1
(Revised 02/2009)

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

Write or Type Committee Name

BLACKS IN GOVERNMENT POLITICAL ADVANCEMENT COUNCIL

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

Mailing Address

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

J O E L . R E E D

Mailing Address

4 2 4 SOUTH DECATUR STREET

MONTGOMERY

A L

3 6 1 0 4 -

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

3 3 4 - 2 6 3 - 4 0 4 0

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

Joe L. Reed

Mailing Address

4 2 4 SOUTH DECATUR STREET

MONTGOMERY

A L

3 6 1 0 4 -

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

3 3 4 - 2 6 3 - 4 0 4 0

Full Name of
Designated
Agent

JOE L. REED

Mailing Address

424 SOUTH DECATUR STREET

MONTGOMERY

CITY

AL

STATE

36104

ZIP CODE

Title or Position

TREASURER

Telephone number

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.

WACHOVIA BANK

Mailing Address

800 MADISON AVENUE

MONTGOMERY

CITY

AL

STATE

36104

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030093089

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

☐☐

Received from House Records & Registration Office

Date of Receipt

☐

Received from Senate Public Records Office

Date of Receipt

☐

Received from Electronic Filing Office

Date of Receipt

☐

Other (Specify):

Date of Receipt or Postmarked

JmW

PREPARER

(3/2005)

5/27/09

DATE PREPARED

29030093090