12030960186

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2012 NOV 30 AM 9: 30

					NE	office Use (Only) FR
1. NAME OF COMMITTEE (in full)		(Check if name is changed)		mple: If typing, type r the lines.	12FE4M5	Anna drawa
UNINERSITY	1016	South	AL	ABAMA PE	50BRAL	PARCELLE
					<u> </u>	
ADDRESS (number and street) 97.41 Bent Brock Dig						
(Check if address is changed)	ــــــ					
•	Mar	TGOMB	NY		STATE A	G [J] - L J J ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRES	38					
(Check if address is changed)	HFC	LFord	@ 14	S QUITIHA4	ERU	
Optional Second E-Mail Address NLAWKISOUTHALEDOU						
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	RESS (U	RL)				
2. DATE 11 2 2017						
3. FEC IDENTIFICATION NUMBER ► COO384883						
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)						
I certify that I have examined th	is Statem	ent and to the b	est of my	knowledge and belief	it is true, correct and	d complete.
Type or Print Name of Treasurer		Vicho	LAS	.A. U	l wkIS	
Signature of Treasurer	1	Alle	A)	autin	Date J	14 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.						
Office Use Only				For further Information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

		COMMITTEE e Camminae:			
(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.)			
Nam Cano	e of didate				
	didate / Affiliati	Office State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Nam Cand	e of lidate				
Par	ty Cor	nmittee:			
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.			
Poli	tical A	Action Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:			
		Corporation Wo Capital Stock Labor Organization			
		Membership Organization Trade Association Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.			
(f)	1	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., ποποοπηετεί committee)			
		In addition, this committee is a Lebbyist/Rogistrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Join	t Fund	draising 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.			
	Com	nmittees Participating in Joint Fundraiser			
	1.	FEC ID number C			
	2.	FEC ID number C			
	3.	FEC ID number C			
	4.	FEC ID number C			

ı	FEC Form 1	(Revised 02/2009)	Page 3
	Vrite or Type Comm	ittee Name	
		UNIVERSITY of South Alabama T	Federal PA
6.	Name of Any Co	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
É	en de la companya de		
L	_		
	Mailing Address		
			لـــا ــا
		CITY STATE	ZIP CODE
	Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative	eadership PAC Sponsor
7.	Custodian of Rec books and records	cords: Identify by name, address (phone number optional) and position of the person in ps.	ossession of committee
	Full Name	MICHOLAS A LAWKES	
	Mailing Address	9.7.41 BENT Brook Pr	
		1	
		MONTGONERY BL 36	11.7
	Title or Position	CITY STATE	ZIP CODE
	TREASU	AREIR Telephone number & 1 - [7511-18844
8.		e name and address (phone number optional) of the treasurer of the committee; and the gent (e.g., assistant treasurer).	name and address of
	Full Name of Treasurer		
	Mailing Address		
	Title or Position	CITY STATE	ZIP CODE
		Telephone number	

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Full Name of Designated Agent				
Mailing Address				
	CITY	STATE	ZIP CODE	
Title or Position	,	1		
		lephone number	J-L	
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. DEG / DIS BANK Mailing Address ONE S ANTH UNI NEGLY BIUCO				
	Mobile	J. IAL	36603-	
	CITY	STATE	ZIP CODE	
Name of Bank, Depository	y, etc.			
ــــــ	 			
Mailing Address				
		ليا ليب	لبيا-لبيا	
	CITY	STATE	ZIP CODE	

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confir	mation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	ss 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):	Receipt or Postmarked
Sv	11/30/12
PREPARER (3/2005)	DATE PREPARED