

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

16 JAN 11 PM 2:29

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

FRIENDS OF JONATHAN MCCONNELL

ADDRESS (number and street)

2127 14TH AVENUE SOUTH

(Check if address  
is changed)

BIRMINGHAM

AL

35205

CITY

STATE

ZIP CODE

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

JONATHAN@MCCONNELL2016.COM

(Check if address  
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.MCCONNELL2016.COM

(Check if address  
is changed)

2. DATE

11 / 4 / 2015

3. FEC IDENTIFICATION NUMBER

C

4. 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.

Type or Print Name of Treasurer

M. CHAD SINGLETARY, CPA, CGMA

Signature of Treasurer

Date

01 / 07 / 2016

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)

2016011102000000276

5. TYPE OF COMMITTEE

Candidate 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 the candidate information below.)

Name of Candidate JONATHAN EDWARD MCCONNELL

Candidate Party Affiliation  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 Committee:

(d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox" value="C"/>	_____
2.	_____	FEC ID number	<input type="checkbox" value="C"/>	_____
3.	_____	FEC ID number	<input type="checkbox" value="C"/>	_____
4.	_____	FEC ID number	<input type="checkbox" value="C"/>	_____

201601110200000277

Write or Type Committee Name

FRIENDS OF JONATHAN MCCONNELL

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

M. CHAD SINGLETARY, CPA, CGMA

Mailing Address

CARR, RIGGS & INGRAM, LLC

7550 HALCYON SUMMIT DRIVE SUITE 300

MONTGOMERY

AL

36117

Title or Position

CITY

STATE

ZIP CODE

PARTNER

Telephone number

334

386

5208

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

M. CHAD SINGLETARY, CPA, CGMA

Mailing Address

CARR, RIGGS & INGRAM, LLC

7550 HALCYON SUMMIT DRIVE SUITE 300

MONTGOMERY

AL

36117

Title or Position

CITY

STATE

ZIP CODE

PARTNER

Telephone number

334

386

5208

201601110200000270

Full Name of Designated Agent

SUSAN MCCONNELL

Mailing Address

4452 AIRPORT BLVD

MOBILE

CITY

AL

STATE

36608

ZIP CODE

Title or Position

SECRETARY

Telephone number

251 - 490 - 9767

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.

HANCOCK BANK

Mailing Address

MAIN OFFICE: DAUPHIN - I65 BRANCH

25 W I-65 SERVICE ROAD N

MOBILE

CITY

AL

STATE

36608

ZIP CODE

Name of Bank, Depository, etc.

REGIONS BANK

Mailing Address

475 GREEN SPRINGS HWY

BIRMINGHAM

CITY

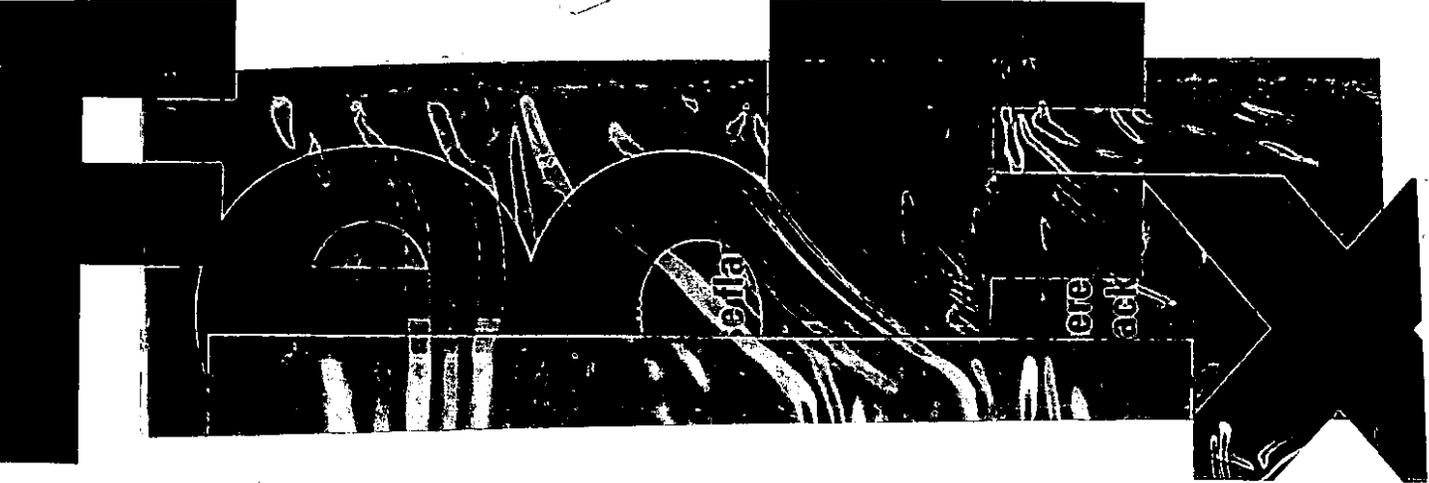
AL

STATE

35209

ZIP CODE

201601110200000279



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Page 1 of 1

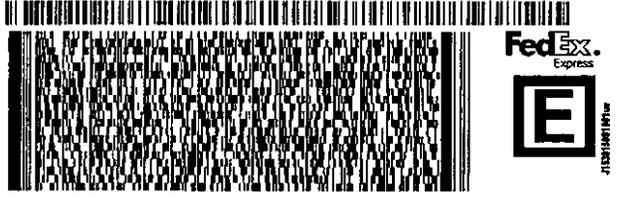
ORIGIN ID:MGMA (334) 386-5209  
DEBORAH JOHNSON  
7550 HALYCON SUMMIT DRIVE  
MONTGOMERY, AL 36117  
UNITED STATES US

SHIP DATE: 07 JAN 16  
ACTWGT: 0.50 LB  
CAD: 106408327/NET3670  
BILL SENDER

TO SECRETARY OF THE SENATE  
OFFICE OF PUBLIC RECORDS  
232 HART SENATE OFFICE BLDG.

WASHINGTON DC 20510

(334) 386-5208 REF 30-03372.000 - 27.58  
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FRI - 08 JAN 10:30A  
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# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>1-8-16</u>	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

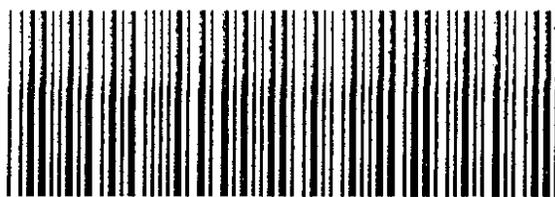
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Date of Receipt

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PREPARER DH DATE PREPARED 1-11-16

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