FEC FORM 1

## STATEMENT OF ORGANIZATION

| FORM 1   | (See instruction:                   |  |         |                                 |  |
|--|-------------------------------------|--|---------|---------------------------------|--|
|  | (000 11311 4061011                  |  | Off     | ice use only                    |  |
| NAME OF     COMMITTEE (in fu   | (Check if name is changed)          | Example: If typying, type over the lines   | 12FE4M5 |                                 |  |
| Regions Financ   | cial Corporation Political Action ( | Committee  |         |                                 |  |
|  |                                     |  |         |                                 |  |
| ADDRESS (number and st   | P.O. Box 11007                      |  |         |                                 |  |
| (Check if addre  | ss                                  |  |         |                                 |  |
| is changed)  | Birmingham                          |  | LAL L   | 35388                           |  |
| COMMITTEE'S E-MAIL   |                                     | CITY   | STATE▲  | ZIP CODE 📥                      |  |
| virginia.bear@r  |                                     |  |         | 1                               |  |
| 1  |                                     |  |         |                                 |  |
| COMMITTEE'S WEB F  | PAGE ADDRESS (URL)                  |  |         |                                 |  |
|  |                                     |  | 11111   |                                 |  |
|  |                                     |  |         |                                 |  |
| COMMITTEE'S FAX N  | JMBER                               |  |         |                                 |  |
| سا لسا   |                                     |  |         |                                 |  |
| 2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |                                     |  |         |                                 |  |
| 3. FEC IDENTIFICAT   | TION NUMBER                         | C00432252  |         |                                 |  |
| 4. IS THIS STATEME   | ENT 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 T  | reasurer Virginia Bear              |  |         |                                 |  |
| Signature of Treasurer   | Electronically Filed by Virginia Be | ar   | Date 02 | 08 / 2008                       |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS |                                     |  |         |                                 |  |
| Office<br>Use<br>Only<br>FE3AN042.PDF  |                                     | For further information c<br>Federal Election Commissi<br>Toll Free 800-424-9530<br>Local 202-694-1100 |         | FEC FORM 1<br>(Revised 02/2003) |  |

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|--------------------------------|--|---|
| 5. TYPE OF COM                 | MITTEE (Check One)   |   |
| (a) (b)                        | This committee is a principal campaign committee. (Complete the candidate information below.)  This committee is an authorized committee, and is NOT a principal campaign committee. (Comp | olete the candidate                     |
|                                | information below.)  |   |
| Name of<br>Candidate           |  |   |
| Candidate<br>Party Affiliation | Office Sought: House Senate Preside  | State State District                    |
| (c)                            | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |   |
| Name of<br>Candidate           |  |   |
|                                | (National, State  (or subordinate) committee of the  | (Democratic,<br>Republican,etc.) Party. |
| (e) X                          | This committee is a separate segregated fund   |   |
|                                | This committee supports/opposes more than one Federal candidate, and is NOT a separate segremmittee.   | egated fund or party                    |
|                                | Connected Organization or Affiliated Committee   |   |
| Mailing Address                | Post Office Box 11007  |   |
|                                |  |   |
|                                | L Birmingham AL LAL L  | 35388 ] _ [                             |
|                                | CITY▲ STATE ▲  | ZIP CODE                                |
| Relationship                   | Connected Organization   |   |
| Type of Connec                 | eted Organization:   |   |
| X Corpor                       | ation Corporation w/o Capital Stock Labor C  | Organization                            |
| Memb                           | ership Organization Trade Association Cooper   | ative                                   |

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|-------------------------------------|--------------|--|------------------------------------|----------------|
| Write or Type Comm                  |              |  |                                    |                |
| Regions Fina                        | ncial Corpo  | oration Political Action Committee                                     | e<br>                              |                |
|                                     |              | ntify by name, address, (phone num pooks and records.                  | ber optional), and position of the | ne person in   |
| Full Name                           |              |  |                                    |                |
| Mailing Address                     |              |  |                                    |                |
|                                     |              |  |                                    |                |
| Title or Position \                 | ,            | CITY 🛦   | STATE <b>▲</b>                     | ZIP CODE A     |
|                                     |              |  | Telephone number                   |                |
|                                     |              | and address (phone number option designated agent (e.g., assistant tre |                                    | ittee; and the |
| Mailing Address                     |              | P.O. Box 11007   |                                    |                |
|                                     |              | Birmingham   | AL                                 | 35388          |
| Title or Position                   | 1            | CITY A   | STATE <b>▲</b>                     | ZIP CODE A     |
|                                     | VP, Govern   | mental Aff   | Telephone number 205               | 264 5474       |
| Full Name of<br>Designated<br>Agent | Virginia     | Bear   |                                    |                |
| Mailing Address                     |              | Post Office Box 1100   | 7                                  |                |
|                                     |              | Birmingham   | AL                                 | 35388          |
| Title or Position \                 | ,            | CITY A   | STATE A                            | ZIP CODE A     |
|                                     | Vice Presid  | lent of Go   | Talanhana numbar 205               | 264 5474       |

Telephone number

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|----|-------------------|------------------------|-----------------|
| 9. |                   | es or maintains funds. | accounts, rents |
|    | Name of Bank, Dep | pository, etc.         |                 |
|    | Į                 | Regions Bank           |                 |
|    | Mailing Address   | Post Office Box 11007  |                 |
|    |                   |                        |                 |
|    |                   | Birmingham   AL   L    | 35388           |
|    |                   | CITY ▲ STATE △         | ZIP CODE 🛕      |
|    | Name of Bank, Dep | pository, etc.         |                 |
|    |                   |                        |                 |
|    | Mailing Address   |                        |                 |
|    |                   |                        |                 |
|    |                   |                        | -               |

CITY 🔼

STATE **△** 

ZIP CODE 🛕