FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED FEC MAIL CENTER 2017 DEB uls 40mg AM 7: 43
1. NAME OF COMMITTEE (ir	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
KELL SI	EMATE REMOLIRATS, POLETTES,	AL CAREERS
ADDRESS (number a	nd street) 15740, OAN, WILD DREVE	
 (Check if is changed) 		
	[M, 0, N, T, G, 0, A, E, R, Y]	STATE A ZIP CODE A
COMMITTEE'S E-M	AIL ADDRESS	
 (Check if is change 		<i>μ</i> ο, μ
	Optional Second E-Mail Address $T_1 B F Y T_1 B 4 0 0 Y A H 0 0 - COM$	
COMMITTEE'S WEE (Check if is change		
2. DATE 🚺	2'06'2017	
3. FEC IDENTIFI	CATION NUMBER ► C	
4. IS THIS STATE	MENT NEW (N) OR AMENDED (A)	
I certify that I have	examined this Statement and to the best of my knowledge and belief it i	s true, correct and complete.
Type or Print Name	of Treasurer <u>JAMES BROWN</u>	
Signature of Treasur	er Jons Brom	Date 02 06 2017
NOTE: Submission of	false, erroneous, or incomplete information may subject the person signing th ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

FEC Form 1 (Revised 02/2009)

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5.	TYPE OF (COMMITTEE
	Candidat	e 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	
	Candidate Party Affilia	Office State State State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name of Candidate	
	Party Co	mmittee:
	(d)	(National, State (Democratic, This committee is a or subordinate) committee of the 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.
	(1)	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 Fun	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.
	Cor	nmittees Participating in Joint Fundraiser
	1.	FEC ID number C
	2.	FEC ID number
	3.	FEC ID number
	4.	FEC ID number

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

2017-02-19-00191927

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	<u></u>
Mailing Address	
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person in possession of commi
	MES DENZTL BROWN
Mailing Address	15.7.40 OAK WILD DREV B
	MONTGOMERY ALL AL 3612
Title or Position	
-	CITY STATE ZIP CODE
TREASY	MONTIGICIMERY MIL 3.6.1.7 CITY STATE ZIP CODE RIER Telephone number 3.3.4 e and address (phone number optional) of the treasurer of the committee; and the name and address
TREASY Treasurer: List the name any designated agent (e	MONTIGICIMERY M.L. 3.6. J.P.L. CITY STATE ZIP CODE RIER Telephone number 3.3.4. 8.6.8. e and address (phone number optional) of the treasurer of the committee; and the name and address of the committee. 3.4.4.
TREASY Treasurer: List the name any designated agent (e	MONTGOMERY M.L. 3.6. I.P. CITY STATE ZIP CODE RIER Telephone number $3.3.4$ $8.6.8$ e and address (phone number optional) of the treasurer of the committee; and the name and address of the surer).
TREASY Treasurer: List the name any designated agent (e Full Name of Treasurer	MONTIGICIMERY MERY CITY STATE ZIP CODE RIER Telephone number 3.3.4 e and address (phone number optional) of the treasurer of the committee; and the name and address of the committee; and the name and address of the surer). MES DEMOLEL
TREASY Treasurer: List the name any designated agent (e Full Name of Treasurer	MONTIGICIMERY MERY CITY STATE ZIP CODE RIER Telephone number 3.3.4 e and address (phone number optional) of the treasurer of the committee; and the name and address of the committee; and the name and address of the surer). MES DEMOLEL

FEC Form 1 (Revised 02/2009)

Title or Position										51	•••						Tel							-											
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Full Name of Designated Agent	.		1	l			1	1.	_1_									I		1	Į	1	1	1	1	ł	I	1	Ι.	I .	1.	1.	Ι.	1.	

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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.

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Name of Bank, D	Depository,	etc.																																—
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RECEIVED MAIL CENTER իներինենիներությունըներերերերինը FEC 2017 FEB 14 AM 7:43 Washington DL Zoyez 2017-02-14-03-00141428 MONTGOMERY AL 360 07 FEB 2017 FN3 1 Federal Election Commission 999 E Street N.W. 100100 James Brown 5710 Oakwild 76117

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
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Postmark Illegible	
No Postmark	· · ·
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Next Busine	ess Day Delivery
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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Other (Specify):	Receipt or Postmarked
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