FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1						
	(See In	nstructions)	Office use only			
NAME OF COMMITTEE (in	(Check if n is changed		12FE4M5			
AMERICAN P	EANUT SHELLERS POLITIC	CAL ACTION COMMITTEE				
ADDRESS (number and	P.O. BOX 7015	57 				
(Check if add						
is changed)	ALBANY		[GA] [31708] - [1 1 1 1 1			
COMMITTEE'S E-MA	AIL ADDRESS	CITY▲	STATE▲ ZIP CODE ▲			
alindsey@pea	anut-shellers.org					
COMMITTEE'S WEE	B PAGE ADDRESS (URL)					
COMMITTEE'S FAX 2298885150	NUMBER					
2. DATE M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
3. FEC IDENTIFIC	ATION NUMBER	C C00214148				
4. IS THIS STATE	MENT X NEW (N)	OR AMENDED (A)				
I certify that I have exan	nined this Statement and to the best o	f my knowledge and belief it is true, correc	t and complete			
Type or Print Name o	f TreasurerJohn T. Po	owell				
Signature of Treasure	er Electronically Filed by Joh	n T. Powell	Date 01 / DD / YYYYY			
NOTE: Submission of fa	•	ation may subject the person signing this S	Statement to the penalties of 2 U.S.C. S437g. D WITHIN 10 DAYS			
Office Use Only		For further informatic Federal Election Common Toll Free 800-424-953	nission FEC FORIM 1			

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5.	TYPE OF COMMITTEE (Check One)	
	(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 can information below.)	didate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		ocratic, blican,etc.) Party. or party
5. 	Name of Any Connected Organization or Affiliated Committee American Peanut Shellers Association	
	Mailing Address P.O. Box 70157	
	Albany GA GA 3170	0157
	CITY▲ STATE▲ ZI	P CODE A
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	
	Membership Organization X Trade Association Cooperative	

Write or Type Committee Name

	AMERICAN PEANUT	SHELLERS POLITICAL ACTION COM	IMITTEE					
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 Mrs.	Mrs. Anita P. Lindsey						
	Mailing Address	P.O. Box 70157	P.O. Box 70157					
		Albany	GA	31708				
	Title or Position ▼	CITY A	STATE	ZIP CODE ▲				
	Financia	al Director	Telephone number					
3.		ne and address (phone number optior ny designated agent (e.g., assistant trea		ittee; and the				
	Full Name of Treasurer John	n T. Powell						
	Mailing Address	P.O. Box 70157						
		Albany		31708				
	Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲				
	Executi	ve Director	Telephone number 229	888 2508				
	Full Name of Designated Agent							
	Mailing Address							
	Title or Position ♥	CITY A	STATE A	ZIP CODE A				

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9.	Banks or Other De safety deposit boxes	epositories: List all banks or other depositories in which the committee deposits funds, holds accounts, res or maintains funds.	ents		
	Name of Bank, Dep	ository, etc.			
		Regions Bank	1 1		ı
	Mailing Address	P. O. Box 8			

CITY \triangle

31702

ZIP CODE △

GA

 $\mathbf{STATE}\, \triangle$

Albany