12030750556

FEC	
FORM	1

STATEMENT OF ORGANIZATION

RECEIVED

2012 FEB 28 PM 12: 28

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

COMMITTEE TO ELECT AL MICKLE

ADDRESS (number and street)

P.O. Box 1120

(Check if address is changed)

ALABASTEL

AL 35007

CITY

STATE

ZIP CODE

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

(Check if address is changed)

mickleca@ yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

almiekle 2012. com

- 2. DATE 02 24 2012
- 3. FEC IDENTIFICATION NUMBER

C

OR

4. IS THIS STATEMENT

NEW (N)

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

Signature of Treasurer

ALTON MICKIE

Date 02 24 2017

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)	
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12010	WIN T (HONBOG OBZOGO)						rage z		
	COMMITTEE								
Candidate	e Committee:								
(a) X	This committee is a po	rincipal campai	gn commit	itee. (Compl	ete the candidate	information belo	w.)		
(b) /	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)								
Name of Candidate	AL MI	CKLE							
Candidate	ion 6707	Office	V .			5	State		
Party Affiliat	901 670 f	Sought:	<i>/</i> F	louse	Senate	President	District		
(c)	This committee support	rts/opposes on	y one can	ıdidate, and	is NOT an autho	rized committee.			
Name of Candidate	. • .								
D-4-0-									
Party Cor	nmiπee:		(Nation	nal State			(Democratic.		
(d)	This committee is a	AL			ommittee of the	Go P	Republican, etc.) Party.		
Political A	Action Committee (P	AC):							
(e)	This committee is a se	eparate segrega	ated fund.	(Identify cor	nnected organizati	on on line 6.) Its o	connected organization is a:		
	Corporation			Corpora	tion w/o Capital S	Stock	Labor Organization		
	Membership C	Organization		Trade A	ssociation		Cooperative		
	In addi	ien, this commi	ttee is a Lo	obbyist/Regi	strant PAC.				
(f)	This committee suppo			ne Federal	candidate, and is	NOT a separate	segregated fund or party		
	In addition, this committee is a Lobbyist/Registrant PAC.								
				•	ntify spaaser on lir	na 6.)			
Joint Fund	draising Representa	tive:				,			
(g)	This committee collects committees/organizatio								
(h)	This committee collects committees/organization						two or more political		
Com	nmittees Partipiputing i	n Joint Fundi	aisar		·	•			
1.					FEC ID	number C			
					₹EC ID I	number C			
2.									
3.					FEC ID I	number C			
4.					FEC ID r	number C			

Write or Type Committee Name

Name of Any Connected Organization, Affillated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

ALDN MICKLE

Mailing Address

P.O. BOX 1/20

AU13457ER

Title or Position

CITY

STATE

ZIP CODE

CANDIDATS

Telephone number

249 0696

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

AC MICKLA

Mailing Address

POL BOX 1120

ALABASTER

AL 35007 STATE ZIP CODE

Title or Position

Telephone number 2 05 2 49 0696

Full Name of Designated Agent	TON MACKLE		
Mailing Address	PO BOX 1120)	
Title or Position (AND (DA75)	ALABASTER CITY	STATE	35007 zip code 5 Z49 0696
safety deposit boxes or ma Name of Bank, Depository,	etc.	which the committee deposits fu	unds, holds accounts, rents
REC	LIONS BLOK		
Mailing Address			
	1. 1. 1. 1. 1.		•
	AVAB ASTRA	4	35007
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
, ;	1 .		,
Mailing Address	r e		
	, 1	•	
		·	

CITY

STATE

ZIP CODE

Hand Delivered Postmarked USPS First Class Mail USPS Registered/Certified Date of Receipt Postmarked Postmarked R/C	
USPS First Class Mail Postmarked (R/C USPS Registered/Certified	C)
USPS Registered/Certified	C)
USPS Priority Mail	
Delivery Confirmation™ or Signature Confirmation™ Label]
USPS Express Mail	
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): ドラグ モザ コタクルン	
Next Business Day Delivery]
Date of Receipt Received from House Records & Registration Office	
Pate of Receipt Received from Senate Public Records Office	
Date of Receipt Received from Electronic Filing Office	
Other (Specify): Date of Receipt or Postmarked	t
JNN 2/28/12	
PREPARER DATE PREPARE (3/2005)	<u>ED</u>