FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

AMERICAN LIBERTY AND NATION PAC (ALAN PAC)

ADDRESS (number and street)

(Check if address is changed)

438 EAST MAIN STREET

POST OFFICE BOX 7092

TUPELO

MS

38802 -

CITY

STATE

ZIP CODE

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

(Check if address is changed)

pbreazeale@bsoltd.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 03 M / 31 D / 2011 Y Y
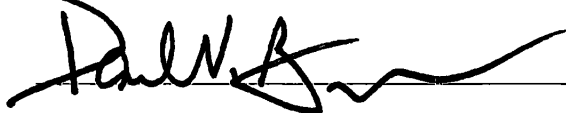
3. FEC IDENTIFICATION NUMBER   C

4. IS THIS STATEMENT   X   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   PAUL V. BREAZEALE

Signature of Treasurer   [signature]

Date 03 M / 31 D / 2011 Y Y

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)

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　|⌈_____⌉|

| 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)　　X　　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.

　　　X　　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 C

2.　|⌊_____⌋|　FEC ID number C

3.　|⌊_____⌋|　FEC ID number C

4.　|⌊_____⌋|　FEC ID number C

Write or Type Committee Name

AMERICAN LIBERTY AND NATION PAC (ALAN PAC)

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

PATRICK ALAN NUNNELEE

Mailing Address   1816 WOODSIDE CIRCLE

TUPELO   MS   38801 -

CITY   STATE   ZIP CODE

Relationship: Connected Organization   Affiliated Committee   Joint Fundraising Representative   X 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   PAUL V. BREAZEALE

Mailing Address POST OFFICE BOX 80

JACKSON   MS   39205 -

Title or Position   CITY   STATE   ZIP CODE

TREASURER   Telephone number   601 - 969 - 7440

---

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   PAUL V. BREAZEALE

Mailing Address POST OFFICE BOX 80

JACKSON   MS   39205 -

CITY   STATE   ZIP CODE

Title or Position
TREASURER   Telephone number   601 - 969 - 7440

Full Name of
Designated   PAUL V. BREAZEALE
Agent

Mailing Address   POST OFFICE BOX 80

JACKSON   MS   39205   -

CITY   STATE   ZIP CODE

Title or Position
TREASURER   Telephone number   601 - 969 - 7440

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.

COMMUNITY BANK OF MISSISSIPPI

Mailing Address   1317 NORTH GLOSTER

TUPELO   MS   38804   -

CITY   STATE   ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY   STATE   ZIP CODE