FEC FORM 1		STATEMENT OF ORGANIZATION			PAGE 1 / 4		
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5			
SECURING			R OUR NEXT GE		N		
ADDRESS (number a	nd street)	P.O. BOX 18502					
(Check if a is changed							
		HUNTSVILLE CITY▲		LAL 3580 STATE ▲	04 		
COMMITTEE'S E-MA		S					
(Check if a is changed			Г.COM 				
		Optional Second E-Mail Ad	dress DTT.ÇOM				
COMMITTEE'S WEB	address	PRESS (URL)					
2. DATE 08 / D D / Y Y Y Y Y Y 2022							
3. FEC IDENTIFIC	CATION NU	MBER ► C c	00823500				
4. IS THIS STATEM	MENT X	NEW (N) OR	AMENDED (A)				
I certify that I have e	examined thi	s Statement and to the best	of my knowledge and belief it	is true, correct and	complete.		
Type or Print Name	of Treasurer	MCDANIEL, BEN, , ,					
Signature of Treasure	er <i>MCDA</i>	NIEL, BEN, , ,	[Electronically Filed]	Date 08	23 / Y Y Y Y 2022		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use Only			For further information cc Federal Election Commissic Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)		

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5. TYPE C	F COMMITTEE:				
Candid	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 or information below.)	candidate			
Name Candio					
Candio Party J	Affiliation Office Sought: House Senate President	State District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cano	e of Jidate				
Party (Committee:				
(d)	This committee is a (National, State (Democratic, or subordinate) committee of the (Democratic, or subordinate)	tc.) Party			
Politica	al Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	organization is a:			
	Corporation Corporation w/o Capital Stock	anization			
	Membership Organization Trade Association Cooperativ	е			
	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 f committee. (i.e., nonconnected committee)	und or party			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
(g)	This committee is an independent expenditure-only political committee (Super PAC).				
	In addition, this committee is a Lobbyist/Registrant PAC.				
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC)).			
	In addition, this committee is a Lobbyist/Registrant PAC.				

Joint Fundraising Representative:

(i) 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.
(j) 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.
(j) Committees Participating in Joint Fundraiser
2.

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V	Vrite or Type Committee Name		
	SECURING TI	HE REPUBLIC FOR OUR NEX	T GENERATION
6.	Name of Any Connected C STRONG, DALE W	Organization, Affiliated Committee, Joint Fundraising Rep $HITNEY,\ ,\ ,$	resentative, or Leadership PAC Sponsor
	Mailing Address	P.O. BOX 18502	
			AL 35804 – L
		CITY A	STATE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraisin	ng Representative
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position	of the person in possession of committee

TURNER, C	ARA, , ,	
Full Name		
Mailing Address	2024 3RD AVENUE NORTH	
	SUITE 210	
	BIRMINGHAM	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼		
CUSTODIAN OF RECORDS		

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	MCDANIEL, BEN, , ,		
of Treasurer			
Mailing Address	P.O. BOX 18502		
	HUNTSVILLE AL 35804		
	CITY ▲ STATE ▲ ZIP CODE ▲		
Title or Position ▼			
	Image:		

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Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	Telephone number	

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.

	FIRST		K		
Mailing Address		2101 CLINTON AVE			
					35805
			CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, I	Depository,	etc.			
Mailing Address					
			CITY ▲	STATE 🔺	ZIP CODE ▲