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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

AMERICANS FOR LEGAL IMMIGRATION - PAC

ADDRESS (number and street) PO BOX 30966

(Check if address is changed)

RALEIGH NC 27622-0966

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

WILLIAMPALIPAC.US

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.ALIPAC.US

COMMITTEE'S FAX NUMBER

919-573-0302

2. DATE 09 09 2004

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 Brian Wert

Signature of Treasurer [signature] Date 09 19 2004

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 09/2003)

FE3AN042.PDF

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 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

(d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) ☐ This committee is a separate segregated fund.

(f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization

☐ Corporation ☐ Corporation w/o Capital Stock Labor Organization

☐ Membership Organization Trade Association Cooperative

Write or Type Committee Name

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: BRIAN WERT

Mailing Address: 6111 Codes Ridge Rd
APT 1502
RALEIGH NC 27612-

Title or Position ▼: TREASURER

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 336-317-2157

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: BRIAN WERT

Mailing Address: 6111 Codes Ridge Rd
Apt 1502
RALEIGH NC 27612-

Title or Position ▼: TREASURER

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 336-317-2157

Full Name of Designated Agent: FRANKY LEE

Mailing Address: PO BOX 156

HAMILTON NC 27840-

Title or Position ▼: Assistant Treasurer

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 252-217-1942

8. **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.

BB & T

Mailing Address 4409 GREENMOOR RD

RALEIGH NC 27612-5511

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

24038513690

Federal Election Commission

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PREPARER

9-14-04
DATE PREPARED

(5/2004)