

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

SOUTHEASTERN LUMBER MANUFACTURERS ASSOCIATION
POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

671 FOREST PARKWAY

(Check if address
is changed)

P O BOX 1788

FOREST PARK

GA

30297-1

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

debbie@slma.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

404-361-5963

2. DATE

04 10 2007

3. FEC IDENTIFICATION NUMBER ▶

000128678

4. IS THIS STATEMENT

NEW (N)

OR

X

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

Deborah B Brady

Signature of Treasurer

Deborah B Brady

Date

04 10 2007

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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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 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 Committees

SOUTHEASTERN LUMBER MANUFACTURERS ASSOCIATION

Mailing Address 1671 FOREST PARKWAY
 PO BOX 1788
 FOREST PARK GA 30297-
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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Write or Type Committee Name

Southeastern Lumber Manufacturers Association Political Action Committee

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 BEVERLY KNIGHT

Mailing Address 671 FOREST PARKWAY
P. O. BOX 1788
FOREST PARK GA 30297

Title or Position BOOKKEEPER CITY STATE ZIP CODE Telephone number 404-361-1445

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 DEBORAH B BRADY

Mailing Address 671 FOREST PARKWAY
P. O. BOX 1788
FOREST PARK GA 30297

Title or Position TREASURER CITY STATE ZIP CODE Telephone number 404-361-1445

Full Name of Designated Agent DEBORAH B BRADY

Mailing Address 671 FOREST PARKWAY
P. O. BOX 1788
FOREST PARK GA 30297

Title or Position TREASURER CITY STATE ZIP CODE Telephone number 404-361-1445

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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.

SUNTRUST BANK

Mailing Address

141 FOREST PARKWAY

FOREST PARK GA 30297

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

N/A

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature] *5/9/07*
PREPARER **DATE PREPARED**

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