12030720937

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

2012 JAN 30 AM 11: 00 Office Use Only

1.	NAME OF COMMITTEE (in full)	(Check if nam is changed)		ple:If typing, type the lines.	12FE4M	MAIL CENTER 5
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ADI	DRESS (number and street)	P. 0. BO	x1 121410	6.69		
	(Check if address is changed)					
		Moinitigioim	ery		AL	36124-
		•	CITY		STATE	ZIP CODE
CO	MMITTEE'S E-MAIL ADDRES	SS (Please provide only	one e-mail add	ress)		
	(Check if address	lawi mquat	elcialla	16 19 marient	aiili	orgilii
	is changed)				<u> </u>	
СО	MMITTEE'S WEB PAGE ADD	DRESS (URL)				
	' (Charle if address			<u> </u>	<u> </u>	
	(Check if address is changed)		<u> </u>			
2.	2. DATE 0 1 23 20 12					
3. FEC IDENTIFICATION NUMBER C C						
4.	IS THIS STATEMENT	NEW (N)	R []	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 Alison Scott Wingate						
Sig	nature of Treasurer	ligh Sund	-Mi	al	Date 0	23/2012
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		F	For further Information co Federal Election Commission Foll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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	FEC FU	rage Z				
TYP	E OF C	COMMITTEE				
Can		e 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 cand information below.)						
Nam Cand	e of didate					
	didate Affiliat	Office State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	e of lidate					
Parl	ty Con	nmittee:				
(d)	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Par					
Poli	tical A	Action Committee (PAC):				
(e)	X	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)		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.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	draising Representative:				
(g)	15121	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.				
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number C				
	4					

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٧	Vrite or Type Committee Nam	•	
_	HIAbama K	etail Association PAC	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative,	or Leadership PAC Sponsor
P	Mialbiainai Re	tlali II Als Islo Icli la Hi lo M	
L	111111111		
	Mailing Address	P. O. BOX 240669	
		Mointgomery	B61241-LII
		CITY	ZIP CODE
	Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representat	ive Leadership PAC Sponso
7.	Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the pe	rson in possession of committee
	Full Name Majn	devilay R Freeman	
	Mailing Address	9.00 BIOX 240669	
		Mointigo merry AL	3612H-
	Title or Position	CITY STATE	ZIP CODE
	Cantrolle	Telephone number 3F	3HI-R6BI-157151-
8.	Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
	Full Name of Treasurer	son Sciotiti Wiingate	
	Mailing Address	P1. 101. B01x 1240 6169	

MID INT GIO INIZITIVI AL 136 1 2 14 - LITY STATE ZIP CODE

Title or Position

VI (Le Pixe Si die Init | Telephone number 38 14 - 263 - 57 57

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	<u>Telephone</u>	number	<u> </u>
safety deposit boxes or ma Name of Bank, Depository,		1 1 1 1 1 1	
	15, will the 120,0, , , , , , ,		
	Mointgomerry	J ALL	36 1 OH -
	CITY	STATE	ZIP CODE
Name of Bank, Depository	, etc.		
<u></u>		<u> </u>	
Mailing Address			
	CITY	STATE	ZIP CODE

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Next Business I	Day Delivery		
Received from House Records & Registration Office	Date of Receipt		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	eipt or Postmarked		
Chr 10	1/36/12		

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