PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ABAMA DEMOCRATIC MAJORITY P.O. BOX 4420 ADDRESS (number and street) (Check if address is changed) MONTGOMERY ΑL 36103 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bradley@demmajority.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.demmajority.com (Check if address is changed) DATE 2013 C00543819 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT 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. **BRADLEY DAVIDSON** Type or Print Name of Treasurer BRADLEY DAVIDSON [Electronically Filed] 05 2013 Signature of Treasurer Date 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. **FEC FORM 1** (Revised 06/2012)

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

	EEC <b>F</b> -	1 (Paying 02/2000)	Page 2
		om 1 (Revised 02/2009) OMMITTEE	Page <b>2</b>
		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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(Damas anatis
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 s committee. (i.e., nonconnected committee)	egregated fund or party
		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	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee N	ame	
ALABAMA DE	EMOCRATIC MAJORITY	
6. Name of Any Connected	ed Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
		<u>                                     </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representa	Leadership PAC Sponsor
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the po	erson in possession of committee
	LEY DAVIDSON	
Full Name	P.O. BOX 4420	
Mailing Address		
	MONTGOMERY	,36103
	WONTGOWERT	
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	334 – 245 – 2336
3. <b>Treasurer:</b> List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; g., assistant treasurer).	and the name and address of
Full Name BRADI	LEY DAVIDSON	
Mailing Address	P.O. BOX 4420	
	MONTGOMERY	36103
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	334 - 245 - 2336

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
Name of Bank,		
Name of Bank,  Mailing Address	WELLS FARGO	
	WELLS FARGO  210 WATER STREET	ZIP CODE
	WELLS FARGO  210 WATER STREET  MONTGOMERY  AL 36104  CITY STATE	ZIP CODE
Mailing Address	WELLS FARGO  210 WATER STREET  MONTGOMERY  AL 36104  CITY STATE	ZIP CODE
Mailing Address	WELLS FARGO  210 WATER STREET  MONTGOMERY  AL 36104  CITY STATE  Depository, etc.	ZIP CODE
Mailing Address  Name of Bank,	WELLS FARGO  210 WATER STREET  MONTGOMERY  AL 36104  CITY STATE  Depository, etc.	ZIP CODE
Mailing Address  Name of Bank,	WELLS FARGO  210 WATER STREET  MONTGOMERY  AL 36104  CITY STATE  Depository, etc.	ZIP CODE