

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

HOWARD SHERMAN FOR SENATE

1309 Roubuck Drive

ADDRESS (number and street)

(Check if address is changed)

Meridian MS 39301 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) RJRUTHER@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) ShermanforSenate.org

2. DATE 03 / 05 / 2018

3. FEC IDENTIFICATION NUMBER C S8MS00246

4. 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.

Type or Print Name of Treasurer Russell Rutherford

Signature of Treasurer [Handwritten Signature] Date 03 / 05 / 2018

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.

Table with 5 columns for Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9630 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE

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 candidate information below.)

Name of Candidate Howard Sherman

Candidate Party Affiliation DEM REP IND OTHER

Office Sought: House Senate President

State AL AK AR AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

- (e) 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.)

Joint Fundraising Representative:

- (g) 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Empty grid lines for organization name

Mailing Address

Grid lines for mailing address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Russell Rutherford

Mailing Address

1901 6th AVE, N, STE 3000

Birmingham AL 35203

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 601 - 508 - 1048

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

Russell Rutherford

Mailing Address

1901 6th AVE, N, STE 3000

Birmingham AL 35203

Title or Position

CITY

STATE

ZIP CODE

Treasurer:

Telephone number 601 - 508 - 1048

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

[Grid for Name of Bank, Depository, etc. - Regions Bank]

Mailing Address

[Grid for Mailing Address - 1900, 5th Ave North]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3 - Birmingham]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. - Empty]

Mailing Address

[Grid for Mailing Address Line 1 - Empty]

[Grid for Mailing Address Line 2 - Empty]

[Grid for Mailing Address Line 3 - Empty]

CITY

STATE

ZIP CODE

5(g) or (h). **Joint Fundraising Participant:**

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent: Identify by name, address (phone number – optional)**

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲ STATE ▲ ZIP CODE ▲

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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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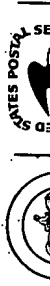


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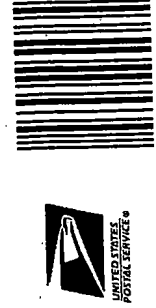
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 Secretary of the Senate
 Office of Public Records
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 Washington, DC

PHONE ()

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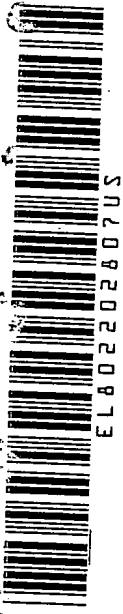
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Date Accepted (MM/DD/YYYY) 3/7/18	Scheduled Delivery Time <input checked="" type="checkbox"/> 10:30 AM Delivery <input checked="" type="checkbox"/> 10:30 AM Delivery Fee	Return Receipt Fee \$	Live Animal Transportation Fee \$	
Time Accepted 4:26 PM	Signature Required Signature of Post Office	Return Receipt Fee \$	Live Animal Transportation Fee \$	
Special Handling/Fragile	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 24.70		
Weight 2.40 lbs.	Flat Rate/Acceptance Employee Initials JPM			

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Delivery Attempt (MM/DD/YYYY) Time
 AM PM

Employee Signature
 [Signature]

Delivery Attempt (MM/DD/YYYY) Time
 AM PM

Employee Signature
 [Signature]

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WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE.

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Postmark

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Postmark **3-7-18**

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
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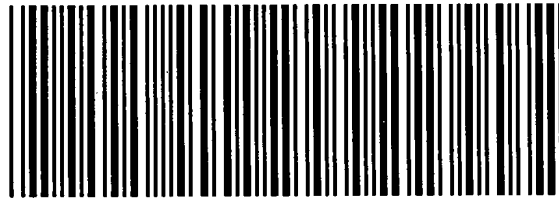
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Date of Receipt

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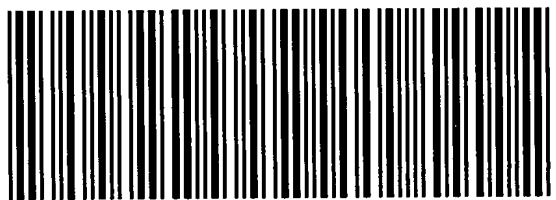
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Date of Receipt

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Date of Receipt or Postmark

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SEN PATCH



SEN PATCH