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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. Alabama New South Alliance 838 South Court Street ADDRESS (number and street) (Check if address is changed) Montgomery 36104 ALCITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS alabamanewsouth@aol.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2012 C00666875 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Fearson, Shelley, , Ms, Type or Print Name of Treasurer Fearson, Shelley, , Ms, [Electronically Filed] 03 28 2018 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE	i uyo 🚣				
Can	ndidate	Committee:					
(a)	Ш	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.)					
Nam Cand	e of didate						
	didate / Affiliati	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:	(Dama avatis				
(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)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pacommittee. (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	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(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	Committees 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 Name		. age e				
Alabama New S						
	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor				
-	riganization, rimilated committee, some randical sing representative, or zeed	orsimp i vio oponisor				
NONE						
Mailing Address						
	CITY STATE	ZIP CODE				
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor				
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the person in	possession of committee				
	Shelley, , Ms,					
Full Name	838 South Court Street					
Mailing Address						
	Montgomery AL 3610	14				
Title or Position	CITY STATE	ZIP CODE				
State Coordintor	Telephone number	799 9757				
	reasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of agent (e.g., assistant treasurer).					
	Shelley, , Ms,					
of Treasurer	838 South Court Street					
Mailing Address						
	Montgomery AL 3610					
Title or Position State Coordintor	CITY STATE Telephone number	ZIP CODE 799 9757				

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Full Name of Designated Agent Townes, G	Gus, , ,							
Mailing Address	5887 Bridal Path Lane							
	Montgomery CITY	AL 36116 STATE	ZIP CODE					
Title or Position Chair		mber 334	430 - 0462					
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. Regions Bank								
region	₁ 901 Adams Avenue							
Mailing Address								
		AI 26104						
	Montgomery	AL 36104						
	CITY	STATE	ZIP CODE					
Name of Bank, Depository, etc.								
Mailing Address								
	CITY	STATE	ZIP CODE					

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: