



January 2, 2014

Response Due Date

02/06/2014

MILTON A. DAVIS, TREASURER B L HARBERT EMPLOYEES FEDERAL PAC P.O. BOX 43412 BIRMINGHAM, AL 35243

IDENTIFICATION NUMBER: C00553743

REFERENCE: STATEMENT OF ORGANIZATION

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. Failure to adequately respond by the response date noted above could result in an audit or enforcement action. Additional information is needed for the following 1 item(s):

- Any affiliated or connected organization must be identified on your Statement of Organization. For further guidance on affiliated committees and connected organizations, please refer to 11 CFR §§100.5(g) and 100.6. If there are no other committees or organizations with which you share control or financing, please indicate "None" on Line 6. If you do share control or financing with other committees or organizations, please indicate their names, addresses, and relationships on Line 6. (11 CFR §102.2)

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Coromission prior to taking enforcement action. Requests for extensions of time in which to respond will not be considered.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll free number (800) 424-9530 (at the prompt press 5 to reach the

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Use

Only

STATEMENT OF

RECEIVED as 0.50

(Revised 02/2009)

| FEC FORM 1 | | ORC | GANIZ | ATIO | N | 201 ¹ | FEB -5 AM 8: 50 ECOMALL CENTER |
|---|------------|--------------------------|---------------------|--|---|-------------------|-----------------------------------|
| NAME OF COMMITTEE (in | full). | (Chec | k if name Inged) | | ple:If typing, type ne lines. | | 5 |
| BL Harber | Ęmpl | oyees F | ederal | PAC | | | |
| | | 1 1 1 1 1 | 1 1 1 | <u> </u> | | <u> </u> | |
| ADDRESS (number a | nd street) | P.O. B | ox 434 | 12 | | | |
| (Check if a is changed) | | Birming | gham | | | AL | 35243 |
| | | | | CITY | | STATE | ZIP CODE |
| COMMITTEE'S E-MA | AL ADDRES | | | <u></u> | ess) nail,com, , | | |
| (Check if is change | | | | | | | |
| COMMITTEE'S WEB | PAGE A'DO | DRESS (URL) | * 4 | : :2. | | | |
| (Check if is change | | | | | | - | |
| 2. DATE | M / D- |) / / / / · · · · | i, | | | | |
| 3. FEC IDENTIFIC | CATION NU | JMBER | C 00 | 0553 ⁻ | 743 | | |
| 4. IS THIS STATE | MENT | NEW (N) | OR | X | AMENDED (A) | | |
| I certify that I have | | Milton | nd to the besi | _ | owledge and belief i | it is true, corre | ct and complete. |
| Type or Print Name Signature of Treasure | | Mello | - (1. | i Q | Jane | Date 0 | 1° ′ 27 ° ′ 2014 |
| 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 | | | | | or further information of defeat Election Commiss | | FEC FORM 1 |

Toll Free 800-424-9530 Local 202-694-1100

| FEC | Form 1 (Revised 02/2009) | Page 2 |
|-------------------------|---|--|
| | COMMITTEE ate 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. (Cominformation below.) | plete the candidate |
| Name of Candidate | • [| |
| Candidate Party Affi | h G Times | State District |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party C | ommittee: | |
| (d) | | (Democratic, Republican, etc.) Party. |
| Politica | I Action Committee (PAC): | *************************************** |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor | nected 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 se 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.) | |
| Joint Fu | indraising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate. | vo or more political |
| (h) _ | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw | vo or more political |
| _ | Committees/organizations, none of which is an authorized committee of a federal candidate. | |
| С | ommittees Participating in Joint Fundraiser | |
| 1 | FEC ID number | |
| 2 | FEC ID number | general programme de la composición de La recollectua de la composición de la La recollectua de la composición de la |
| 3 | FEC ID number | G C |
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| SEC Form 4 (Booked) | 20,0000) | Dans 3 | | | |
|--|---|---------------------|--|--|--|
| FEC Form 1 (Revised (| | Page 3 | | | |
| | loyees Federal PAC | | | | |
| | Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadersi | nip PAC Sponsor | | | |
| | | p | | | |
| None | | | | | |
| | | | | | |
| Mailing Address | | | | | |
| | | | | | |
| | | | | | |
| | CITY STATE | ZIP CODE | | | |
| Relationship: Connected | Organization Affiliated Committee Joint Fundraising Representative Lea | dership PAC Sponsor | | | |
| Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. | | | | | |
| Full Name | A. Davis | | | | |
| Mailing Address | 820 Shades Creek Parkway | | | | |
| | Suite 3000 | | | | |
| | Birmingham AL 3520 | 9 | | | |
| Title or Position | CITY STATE | ZIP CODE | | | |
| Treasurer | Telephone number | | | | |
| 8. Treasurer: List the name an any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and the natassistant treasurer). | me and address of | | | |
| Full Name Milton | A. Davis | | | | |
| Mailing Address | 820 Shades Creek Parkway | | | | |
| | Suite 3000 | | | | |
| | Birmingham AL 3520 | 9 | | | |
| Title or Position | CITY STATE | ZIP CODE | | | |
| Treasurer | Telephone number | | | | |

CITY

STATE

ZIP CODE

Page 4

FEC Form 1 (Revised 02/2009)

Name of Bank, Depository, etc.

Mailing Address

Full Name of Designated

Milton Davis P.O. Box 43412 Birmingham, AL 35243

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| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate | |
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| Hand Delivered | Date of Receipt |
| USPS First Class Mail | Postmarked |
| USPS Registered/Certified | Postmarked (R/C) |
| USPS Priority Mail | Postmarked |
| LIONO District Mail France | Postmarked |
| USPS Priority Mail Express Postmark Illegible | : |
| No Postmark | <u> </u> |
| Overnight Delivery Service (Specify): | Shipping Date |
| | s 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): | eceipt or Postmarked |
| | 2/5/14 |
| PREPARER (8/2013) | DATE PREPARED |