FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	١	(See instruction	_		
		(See Instruction		(	Office use only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Drummond C	ompany, Inc. Polit	ical Action Com	mittee (DPAC)		
ADDRESS (number and	street)	Box 10246			
(Check if add	ress				
is changed)		ingham 		L <mark>AL</mark> ]	35202 _ 0246
COMMITTEE'S E-MA	ANDRESS		CITY	STATE▲	ZIP CODE ▲
	rummondco.com				1
COMMITTEE'S WEB	PAGE ADDRESS (UI	RL)			
				1111	
COMMITTEE'S FAX 1 2059456387	NUMBER	١			
2. DATE M 1	M / D D / Y	2006			
3. FEC IDENTIFICA	ATION NUMBER	C	C00160630		
4. IS THIS STATEM	MENT X NEW	(N) OR	AMENDED (A)		
I certify that I have exam	nined this Statement and	to the best of my know	rledge and belief it is true, correct ar	nd complete	
Type or Print Name of	Treasurer S	tanfield Owen S	tanfield - Treasurer		
Signature of Treasure	r Electronically Filed	by <b>Stanfield C</b>	wen Stanfield - Treasurer	Date 111	13 / 2006
NOTE: Submission of fa			subject the person signing this Stat	•	s of 2 U.S.C. S437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

(b) This committee is an authorinformation below.)  Name of Candidate  Candidate  Party Affiliation  (c) This committee supports/of Candidate  (d) This committee is a  (e) X This committee is a separate	oal campaign committee. (Complete the candidate prized committee, and is NOT a principal campaig	
(b) This committee is an authorinformation below.)  Name of Candidate  Candidate  Party Affiliation  (c) This committee supports/of Candidate  (d) This committee is a  (e) X This committee is a separate		
information below.)  Name of Candidate  Candidate  Party Affiliation  (c) This committee supports/of Candidate  (d) This committee is a  (e) X This committee is a separate	orized committee, and is NOT a principal campaig	n committee. (Complete the candidate
Candidate  Candidate Party Affiliation  (c) This committee supports/of Name of Candidate  (d) This committee is a  (e) X This committee is a separate		
Party Affiliation  (c) This committee supports/of Name of Candidate  (d) This committee is a  (e) X This committee is a separate		
Name of Candidate  (d) This committee is a  (e) X This committee is a separate	Office Sought: House Senate	State President District
Candidate  (d) This committee is a  (e) X This committee is a separate	oposes only one candidate, and is NOT an authori	zed committee.
(e) X This committee is a separa		
(e) I nis committee is a separa	(National, State (or subordinate) committee of th	(Democratic, Republican,etc.) Party.
	te segregated fund	
(f) This committee supports/or committee.	oposes more than one Federal candidate, and is N	IOT a separate segregated fund or party
6. Name of Any Connected Organization	or Affiliated Committee	
<u> </u>		
Mailing Address		
1		
	CITY▲	STATE A ZIP CODE A
		ı
Relationship		
Type of Connected Organization:		
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organization		

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Write or Type Committe	e Name										
Drummond Con	npany, Inc. Political Action Committee (DPAC)										
	ds: Identify by name, address, (phone number - mmittee books and records.	- optional), and position of the	he person in								
Full Name	Mr. Scott O. Stanfield	tt O. Stanfield									
Mailing Address	1240 Graylynn Drive										
	Vestavia Hills	AL	35216 2636								
Title or Position ▼	CITY A	STATE▲	ZIP CODE A								
		Telephone number									
name and addres	e name and address (phone number optional) os of any designated agent (e.g., assistant treasure  Mr. Scott O. Stanfield		ittee; and the								
Full Name of Treasurer Mailing Address	1240 Graylynn Drive										
	Vestavia Hills	AL	35216 2636								
Title or Position ♥	CITY A	STATE	ZIP CODE A								
		Telephone number									
Full Name of Designated Agent	Philip W. Ryle										
Mailing Address	1000 Urban Center Drive										
	Suite 300										
	Vestavia Hills	AL	35242								
Title or Position ▼	CITY A	STATE <b>▲</b>	ZIP CODE A								
As	sistant Treasurer	Telephone number	945 6381								

	FEC Form	<b>1</b> (F	Revi	sed	02/	/200	03)																												Pa	age	4		
9.	Banks or Other safety deposit box Name of Bank, D	xes o	or m	aint	tain				ll ba	ank	s o	r of	her	de	epo	sito	ries	s in	wh	iich	the	e co	mn	nitte	e d	epo	sits	fui	nds	, hc	lds	ac	cou	nts	, rei	nts			
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	Mailing Address							L	L	L	L																				L			丄					
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