13031074225

FEC FORM 1

STATEMENT OF **ORGANIZATION**



2013 JUN -6 PM 4: 56

		•	Office Use Only				
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5				
John Andrieu	& Harriss F	ion Congres	5				
ADDRESS (number and street)	13/11 East	Av					
(Check if address is changed)		1 1 1 1 1 1 1 1 1 1 1					
is Changed)	Opellika,		ALL 36801-LISTATE A ZIP CODE A				
COMMITTEE'S E-MAIL ADDRES	SS						
(Check if address is changed)	johnhr506	Parol, Gom					
	Optional Second E-Mail Add	dress	·				
		 					
COMMITTEE'S WEB PAGE ADI	DRESS (URL)						
(Check if address is changed)	1						
io onangou,	ı						
2. DATE 0 5 1	\$ 20 13						
3. FEC IDENTIFICATION NU	JMBER ▶ C						
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)					
I certify that I have examined the	nis Statement and to the best	t of my knowledge and belief it	is true, correct and complete.				
Type or Print Name of Treasure	John A	ndrew Har	ris				
			M M / D / Y Y Y				
Signature of Treasurer	in any	Im	Date 6517 2013				
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 Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ECL. EL/BIVI I				

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5.	TYPE OF C	OMMITTEE • Committee:						
	(a) X	This committee is a prin	ncipal campaign	committee. (Comple	ete the candidate info	rmation below	ı.)	
	(b)	This committee is an au	uthorized commi	ttee, and is NOT a	principal campaign co	ommittee. (Co	mplete the candid	ate
	Name of Candidate		direw	Harnis				
	Candidate Party Affiliati	on DEM	Office Sought:	X House	Senate .	President	State	AL 03
	(c)	This committee support	s/opposes only	one candidate, and	is NOT an authorized	I committee.		
	Name of Candidate					1111		
	Party Con	nmittee:						
	(d)	This committee is a		(National, State or subordinate) co	mmittee of the		(Democratic, Republican, etc.) Party.
	Political A	ction Committee (P/	AC):					
	.(e)	This committee is a se	parate segregate	ed fund. (Identify cor	nected organization o	n line 6.) Its c	onnected organiza	tion is a:
		Corporation		Corpora	tion w/o Capital Stock	‹	Labor Organiz	ation
		Membership O	rganization	Trade A	ssociation		Cooperative	
		In additi	en, this committe	e is a Lobbyist/Regi	strant PAC.			
	(f)	This committee suppor committee. (i.e., noncon			candidate, and is NO	T a separate	segregated fund o	or party
		In addition, this	compilttee is a L	obbyist/Registrant P	AC.			
		In addition, this	committee is a L	eadership PAC. (Ide	ntify sponsor on line 6	.)		٠
	Joint Fund	draising Representa	tive:				·	
	(g)	This committee collects committees/organization						cal
	(h)	This committee collects committees/organization					two or more politic	al
	Com	nmittees Participating in	n Joint Fundra	iser				
	1.		<u> </u>		FEC ID num	ber C	. <u> </u>	<u></u> .
	2.				FEC ID num	iber C		
	3.				FEC ID num	ber C		
	4.				FEC ID num	ber C		

Title or Position

																									
	FEC Form 1	(Revised 0	2/2009)																	_	F	age	3		
٧	Vrite or Type Comm	nittee Name																							
6.	Name of Any Co	onnected O	rganization	Affilia	ted C	omm	ittee,	Join	t Fu	ındra	aisin	g R	epre	ese	ntat	ive,	or	Lea	der	shi	o PA	AC S	Spor	sor	
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	Relationship:	Connected	l Organizatio	n A	ffiliate	ed Co	mmitt	90	J	loint	Fund	trais	sing	Rep	ores	enta	ative	9	L	ead	ersh	ip F	PAC	Spo	nsor
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7.	Custodian of Re books and record	ls.																•							
	Full Name	DOPIN	1. Ank	~								لــــا		L			ــــــــــــــــــــــــــــــــــــــ	<u></u> _				<u></u>			
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	Title or Position		·		(CITY								ST	ATE					Z	IP C	OD	E		
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8.	Treasurer: List the any designated a				umbe	r o	ptiona	ıl) of	the	trea	sure	r o f	the	COI	nmi	ittee	; ar	nd tl	he r	nam	e ar	nd a	ddre	ess :	of
	Full Name of Treasurer	John	Anc	dre	W	H	م ير	<u>Ci</u>	ک	<u>.</u>		Ll					1	لـــــــــــــــــــــــــــــــــــــ				1	L		لــــــــــــــــــــــــــــــــــــــ
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					(CITY								ST	ATE					Z	IP C	COD	E		

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Full Name of Designated Agent			:
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
		Telephone number	<u></u>
Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,		ch the committee deposits fur	nds, holds accounts, rents
ــــــا			
Mailing Address			
•			
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
	- 		
Mailing Address			
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•	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate he	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C) 5/17/13
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation	ation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	·
Overnight Delivery Service (Specify):	Shipping Date
Next Business	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):	ceipt or Postmarked
h	6/7/13
(3/2005)	DATE PREPARED