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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) over the lines. is changed) BRADLEY ARANT BOULT CUMMINGS LLP FEDERAL POLITICAL ACTION COMMITTEE 1819 5TH AVENUE NORTH ADDRESS (number and street) (Check if address is changed) **BIRMINGHAM** 35203 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address cgrissom@bradley.com is changed) Optional Second E-Mail Address rcallaway@bradley.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00500017 FEC IDENTIFICATION NUMBER > 3. X 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 Grissom, Chris,, Date 01 11 2024 Signature of Treasurer Grissom, Chris, , , 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.

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530 Local 202-694-1100
,			LUCAI 202-034-1100

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TYPE C	OF COMMITTEE:					
Candio	date 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 information below.)	the candidate				
Name Candi						
Candi Party	date Office Sought: House Senate President	State				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	ne of didate					
Party (	Committee:					
(d)	This committee is a (National, State (Democra	tic, n, etc.) Party				
Politica	al Action Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is				
	Corporation Wa Conital Stock	Organization				
		Organization				
		rative				
	In addition, this committee is a Lobbyist/Registrant PAC.					
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ted fund or party				
	X In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
(g)	This committee is an independent expenditure-only political committee (Super PAC).					
(0)	In addition, this committee is a Lobbyist/Registrant PAC.					
(b)		PAC)				
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).					
	In addition, this committee is a Lobbyist/Registrant PAC.					
Joint F	Fundraising Representative:					
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political					
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political				
Com	mittees Participating in Joint Fundraiser					
00111	C					

Treasurer

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_	FEC Form 1 (Revised 0	2/2009)		Page <b>3</b>		
V	Irite or Type Committee Name					
	BRADLEY ARANT E	SOULT CUMMINGS LLP FEDERAL POLIT	ICAL ACTION C	COMMITTEE		
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
	NONE					
	Mailing Address					
			I i I I i i	ı		
		CITY ▲	STATE ▲	ZIP CODE ▲		
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising	. Representative	Leadership PAC Sponso		
			П			
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position o	of the person in possess	ion of committee		
	Grissom, C	nris, , ,				
	Full Name					
	Mailing Address	1819 5th Avenue N				
		Birmingham	AL 35203			
		CITY ▲	STATE ▲	ZIP CODE ▲		
	Title or Position ▼					
	Treasurer	Telephone num	nber	521 8000		
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the ssistant treasurer).	committee; and the na	ame and address of		
	Full Name Grissom, C of Treasurer	nris, , ,				
	Mailing Address	1819 5th Avenue N				
		Birmingham	AL 35203			
		CITY A	STATE ▲	ZIP CODE ▲		
	Title or Position ▼					

**521** 

8000

205

Telephone number

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Full Name of Designated Agent	Hill, Trey, , ,		
Mailing Address	1819 5th Avenue N		
	Birmingham	AL	35203
Title or Position <b>▼</b>		TATE A	ZIP CODE ▲
Assistant Treasur		er L	205 521 - 8000
Banks or Other safety deposit box	<b>Depositories:</b> List all banks or other depositories in which the committee ses or maintains funds.	deposits	s funds, holds accounts, rents
Name of Bank, D	epository, etc.		
	First Horizon		
Mailing Address	2025 3rd Ave. North		
	Birmingham	AL 	35203
	CITY ▲ S	TATE 🛦	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	<u> </u>		
Mailing Address			
	CITY ▲ S	TATE 🛦	ZIP CODE ▲