STATEMENT OF

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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. Friends of Danner Kline PO Box 430191 ADDRESS (number and street) (Check if address is changed) Vestavia Hills 35243 ALCITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS votefordanner@gmail.com (Check if address is changed) Optional Second E-Mail Address |danner.kline@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.votedannerkline.com/ (Check if address is changed) DATE 25 2017 C00638536 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. Davis, William, , , Type or Print Name of Treasurer Davis, William, , , [Electronically Filed] 04 25 2017 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

FEC Forr	n 1 (Revised 02/2009)	Page 2
TYPE OF CO	OMMITTEE Committee:	
(a) x	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	Kline, Danner, , ,	
Candidate Party Affiliation	n DEM Office Sought: X House Senate President	State AL District 06
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com		(Domocratic
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Ac	tion Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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 secommittee. (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 Fundr	raising Representative:	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
	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.	o or more political
Comm	nittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.		
4		

FEC Form 1 (Revised		Page 3
Write or Type Committee Nam		
Friends of Dani	ner Kline	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponso
Kelationship.	John Fundament Committee John Fundament Representative Lea	uciship i Ao Sponso
Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in poss	session of committee
Davis, Wi	liom	
Full Name	iani, , ,	
Mailing Address	PO Box 430191	
	1	
	Vestavia AL 35243	
Title or Position	CITY STATE 2	ZIP CODE
1		-
 Treasurer: List the name an any designated agent (e.g., 	d address (phone number optional) of the treasurer of the committee; and the nan	ne and address of
Full Name Davis, Wil of Treasurer	iam, , , 	
Mailing Address	PO Box 430191	
Maining Addition		
	Vestavia	
		 ZIP CODE
Title or Position		0022
	Telephone number	

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Full Name of Designated Agent	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Name of Bank, [BBVA Compass	
Mailing Address	15 South 20th Street	
	Birmingham	
	January Carlotte Carl	35233
	CITY STATE	35233 ZIP CODE
Name of Bank, [CITY STATE	
Name of Bank, [CITY STATE	ZIP CODE
Name of Bank, Dame of Bank, Da	CITY STATE Depository, etc.	ZIP CODE
	CITY STATE Depository, etc.	ZIP CODE