

FEC
FORM 1

STATEMENT OF
ORGANIZATION

FEDERAL ELECTION COMMISSION

2020 JAN 15 PM 2:12
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12 E 4 AM 56
FEDERAL ELECTION
COMMISSION
REPORT ANALYSIS DIVISION

AFA PAC INC.

ADDRESS (number and street)

2301 ST. ANDREWS DRIVE

(Check if address is changed)

BEILDEN

CITY ▲

MS
STATE ▲

38826-
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

ROBERTNCHAMBERS5@gmail.com (RVC)

Optional Second E-Mail Address

Robertnchambers1@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

NONE

2. DATE M M / D D / Y Y Y Y 2020

3. FEC IDENTIFICATION NUMBER ►

C

4. 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

ROBERT N. CHAMBERS

Signature of Treasurer



Date

01/18/2020

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate 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 the candidate information below.)

Name of Candidate

MONIE

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

ROBERT N CHAMBERS

Mailing Address

2301 ST. ANDREWS DRIVE

BELDEN

MS

38826

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

662-260-8323

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

ROBERT N CHAMBERS

Mailing Address

2301 ST. ANDREWS DRIVE

BELDEN

MS

38826

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

662-260-8323

Full Name of
Designated
Agent

ROBERT N CHAMBERS

Mailing Address

2301 ST. ANDREWS DRIVE

BELDEN

CITY

MS

38820

ZIP CODE

Title or Position

Telephone number

 - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANCORPSOUTH

Mailing Address

456 SOUTH COLEY ROAD

TUPELO

CITY

MS

38801

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

5(g) or (h). Joint Fundraising Participant:

1. <input type="text"/>
2. <input type="text"/>
3. <input type="text"/>
4. <input type="text"/>

FEC ID number	<input type="text"/> C
FEC ID number	<input type="text"/> C
FEC ID number	<input type="text"/> C
FEC ID number	<input type="text"/> C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

<input type="text"/>
<input type="text"/>

Mailing Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Relationship:	<input type="text"/> CITY ▲	<input type="text"/> STATE ▲	<input type="text"/> ZIP CODE ▲
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Connected Organization	Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
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8. Designated Agent: Identify by name, address (phone number – optional)

Full Name	<input type="text"/>
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Mailing Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

TITLE OR POSITION ▼	<input type="text"/> CITY ▲	<input type="text"/> STATE ▲	<input type="text"/> ZIP CODE ▲
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<input type="text"/>	Telephone Number	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	<input type="text"/>
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Mailing Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

<input type="text"/> CITY ▲	<input type="text"/> STATE ▲	<input type="text"/> ZIP CODE ▲
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ORIGIN ID: TUPA	(662) 844-9888	SHIP DATE: 14JUN20
DREW SHOEMAKER		ACTWG: 100 LB MAN
AMERICAN FAMILY ASSOCIATION		CAD: 0180944/CAFE3311
107 PARK GATE		
TUPELO, MS 38801		BILL SENDER
UNITED STATES		

TO FEDERAL ELECTION COMMISSION
1050 FIRST STREET, N.E.

1050 FIRST STREET, N.E.

WASHINGTON DC 20463

(662) 844-5036 X 214
DEPT: DREW

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A vertical strip of high-contrast, black and white noise, likely a test pattern or a corrupted image segment. The noise is composed of various horizontal and vertical patterns, including vertical stripes and horizontal bands of varying widths. The overall appearance is grainy and lacks any clear, recognizable content.

RDW
X

A vertical column of 20 horizontal black bars of varying widths, representing a barcode or a series of binary data.

Part # 156148-434 R1T2 EXP 05/18 83

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input type="checkbox"/>	Postmarked	Date of Receipt
<input type="checkbox"/>	USPS First Class Mail	
<input type="checkbox"/>	USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/>	USPS Priority Mail	Postmarked
<input type="checkbox"/>	USPS Priority Mail Express	Postmarked
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	No Postmark	
<input checked="" type="checkbox"/>	Overnight Delivery Service (Specify):	Shipping Date <i>Fed Ex</i> <i>1/14/20</i>
		Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/>	Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/>	Other (Specify):	Date of Receipt or Postmarked
<i>ES</i>		<i>1/15/20</i>
PREPARER (3/2015)		DATE PREPARED