1505 - 142 - NEW 2

FEC FORM 1

STATEMENT OF **ORGANIZATION**

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			(Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
WALLACE 20	16		 	
ADDRESS (number and street)	P.O. BOX 2	2650	1 1 1 1 1	
(Check if address is changed)	1		1 1 1 1 1 1	
प्रन्य is changed)	TUSCA LOOS	s _. A	AL 3	54.03 - LIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	:SS			
(Check if address is changed)	WWALLACE ?	39,1,8@,BE4LS,0	UTH. NE	T
,	Optional Second E-Mail Ad	ddress		
COMMITTEE'S WEB PAGE AD	DRESS-(URL)	And the second of the second of	<i>y</i>	·
(Check if address is changed)				
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and the second	en de state en	en división a	and the second	e attornation
2. DATE 04 3	0 2015	e e e e e e e e e e e e e e e e e e e	• • •	and the second second second second
3. FEC IDENTIFICATION N	UMBER ▶ C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	his Statement and to the bes	st of my knowledge and belief	it is true, correct an	d complete.
Type or Print Name of Treasure	CHERYL I). WALLACT		
Signature of Treasurer	LO .	el	Date 04	13012015
NOTE: Submission of false, erron		n may subject the person signing		e penalties of 52 U.S.C. §30109
Office Use		For further information Federal Election Commis- Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

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FEC	C For	rm 1 (Revised 02/2009) Page	2 .						
TYPE C	OF C	COMMITTEE							
		e 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. (Complete the car information below.)	didate						
Name o Candida		WILLIAM L WALLACE							
Candida Party Af		on Office Sought: House Senate President District	ĀL						
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name o Candida									
Party	Con	nmittee:							
(d)	X	This committee is a (National, State or subordinate) committee of the (Democratic, Republican,	etc.) Party.						
Politic	al A	Action Committee (PAC):							
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organ	ization is a:						
•		Corporation Corporation w/o Capital Stock Labor Orga	nization						
		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 fur committee. (i.e., nonconnected committee)	d 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 F	Func	draising Representative:							
(g)	χ.	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more proceeds for	olitical						
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more pocommittees/organizations, none of which is an authorized committee of a federal candidate.	litical						
	Com	: nmittees Participating in Joint Fundraiser							
	1.	WALLICE FOR PRESIDENT FEC ID number C							
	2.	FEC ID number C							
	3.	FEC ID number							
	4.	FEC ID number							
			- C						

pa	n	۵	3
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Write or Type Committee Name

TITLE OF TYPE CON	minutes rums						
WALLACE	FOR	PRESIDE	w7				
6. Name of Any	Connected Or	ganization, Affilia	ted Committee, Jo	int Fundraising Rep	resentative, o	r Leadership PAC	Sponsor
MALLAC	6 FOR	I PRIEWIL	DENTIL	111111		111111	1111
Mailing Address	;	P1.101.1B0	X 12650				
		MUSICAL	1 11/2000		A4	35403	لىسا-
			CITY		STATE	ZIP CC	DE
Relationship:	Connected	Organization A	ffiliated Committee	Joint Fundraising	g Representati	ve Leadership	PAC Sponsor
							<u>.</u>
Custodian of F books and reco		ify by name, addre	ess (phone number	optional) and posit	tion of the per	rson in possession	of committee
Full Name	CHER	YLDW	(ALLACE	<u> </u>	<u> </u>	<u> </u>	
Mailing Address	;	P. D. BO	X 2650			<u> </u>	
•						<u> </u>	
		TUSCAL	005 A		AL	35403	-
Title or Position			CITY		STATE	ZIP CO	DE
CUSTO	DILAN	0.F. REC	C'0'KD'2	Telephone nu	mber <u>2,0</u>	151-1349	39,18
		address (phone n ssistant treasurer).	umber optional) o	of the treasurer of the	e committee; a	and the name and	address of
Full Name of Treasurer	CHER	RY L D L	MALLACE		1 1 1 1 1		
Mailing Address		P.O. BOX	-		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
				<u> </u>	<u> </u>	<u></u>	
		TUSICAL	005A		AL4 STATE	35403 ZIP CO	- [] DE
Title or Position	URER		لبيا	Telephone nui	mber <u>2</u> 0	5-349	-139,18

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_	FEC Form	1 (Revised	02/2009)									Page	4
	Full Name of Designated Agent	<u> </u>											
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	Title or Position				_						_		
							Telephon	ne num	ber	<u></u> .	- L	∟ -L	
).	Banks or Other safety deposit bo Name of Bank, D	xes or main	tains funds.	eanks or o	ther deposi	itories in v	which the co	ommitte	e deposit	s funds,	holds ad	ccounts,	rents
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William L. KALLACO. 9670 CHAROLAIS DRIVO TUSCALOOSA, AL 35405

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DATE PREPARED

(3/2015)

PREPARER