		RECEIVED
		2009 NOV - 2 AM 10: 33
FEC FORM 1	STATEMENT OF ORGANIZATION	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
EDDISON MA	LTERS FOR LONGRESS	
ADDRESS (number and street)	PO; Box: 2341	
(Check if address is changed)	$ T_{i}u_{i}S_{i}C_{i}A_{i}L_{O}O_{i}S_{i}A_{i} = 1$	A:4 35:4:03-L:
	ESS (Please provide only one e-mail address)	
(Check if address is changed)	eddisonwalters egm	ad Com
COMMITTEE'S WEB PAGE AD	DRESS (URL)	
(Check if address is changed)	eddisonwaltersfor (c	<u>ngress: Com</u>
2. DATE 102	3 2009	
3. FEC IDENTIFICATION N		
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	t is true, correct and complete.
Type or Print Name of Treasure	EDDISON WALTERS	Ð
Signature of Treasurer		Date 10 23 2009

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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: Federal Election Commission	FEC FORM 1	_
	Use Only		Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2009)	

5. TYPE OF COMMITTEE

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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 EDDISON WALTERS
Candidate Party Affiliation DEM Office Sought: House Senate President District 07
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate
Party Committee:
(Ational, State (Democratic, (d) This committee is a or subordinate) committee of the 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.
3 FEC ID number C
4 FEC ID number C

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EDDISON WALTERS GR CONGRESS 8. Name of Any Connected Organization, Attillated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address	FEC Form 1 (Revised	I 02/2009)	Page 3
8. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor Mailing Address Life or Position City State		_	
Mailing Address Image: State	EDDISO.	N WALTERS FOR LOI	VGRESS
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Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name EDD ISON WALTERS Mailing Address ISON EALOSA It e or Position CITY STREES Telephone number Stressurer: 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 CIDD ISON WIALTERS Mailing Address PO BOX: 234/1 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 CIDD ISON WIALTERS Mailing Address PO BOX: 234/1 ITUSCALOOSA WIALTERS Mailing Address PO BOX: Mailing Address PO BOX: ITUSCALOOSA IAL: ITUSCALOOSA IAL: ITUSCALOOSA IAL: ITUSCALOOSA IAL:	Mailing Address		
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Title or Position CITY STATE ZIP CODE TREASURER Telephone number EOSI-182.60-1202.11 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 EDD1.SON WIALTERS Mailing Address PO: BOXI + 2341/ ITUSCALOSSA. IAL ISH 234.02 CITY STATE ZIP CODE		TUSCALODSA ALL 12	$\mathbf{S} \mathbf{H} \mathbf{O} \mathbf{S}_{-1} \mathbf{V} \mathbf{V} \mathbf{I} \mathbf{I}$
TIREASURER Telephone number B. 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 EDDI.SON MAL.TERS Mailing Address P.O: BOX: P.O: BOX: ITTE IN CALCORAL ITTE INFORMATION Title or Position Title or Position			•
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of Treasurer $EDDISON MALTERS$			e name and address of
of Treasurer $EDDISON MALTERS$	Full Name		
Truscalcosa III IAU 35403	of Treasurer		
CITY STATE ZIP CODE	Mailing Address	PO BOX 2341	
CITY STATE ZIP CODE		l <u></u>	
Title or Position		TUSCALOOSA AL AL 35	403
TREASURER Telephone number 205-8262021	Title or Position	CITY STATE	ZIP CODE
	TREASURE	R Telephone number 2.0.5	8242021

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Full Name of Designated Agent	DDISON WALTER	Suu i	
Mailing Address	RO BOX 2341		<u> </u>
	TUSCALOOSA	··· A4	B5403-234/
	CITY	STATE	ZIP CODE
Title or Position	R	Telephone number	09-1826-2021

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.

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Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR II The FEC added this page to the end of this filing	NCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 10/27/07
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signat	ture Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
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