Image# 11952585506 PAGE 1 / 5

FEC FORM 1			EMEN' ANIZA						Office U	Jse Only		
1. NAME OF COMMITTEE (ir	n full)	(Check if is change		Example over the	e:If typing, lines.	type	12FI	E4M5				
TERRY E	/ERET	T FOR C	ONGR	RESS								
ADDRESS (v. v.)		P.O. Box 1828						<u> </u>				
ADDRESS (number a (Check if action is changed)	ddress	Dothan					AL		36302		- L	
			Cl	TY			STATE			ZIP CO	DDE	
COMMITTEE'S E-MA (Check if is change	address	S (Please provide cwilliams@suns	-		s)							
COMMITTEE'S WEB	PAGE ADD	RESS (URL)										
(Check if is change												
2. DATE 09	9 11	2003	Y									
3. FEC IDENTIFIC	CATION NUI	MBER	C C002	265298								
4. IS THIS STATE!	MENT	NEW (N)	OR	×	AMENDE	D (A)						
I certify that I have e	examined this	s Statement and t	to the best of	f my knov	vledge and	l belief it	is true, d	correct a	and cor	mplete.		
Type or Print Name	of Treasurer	Charles A. Willia	ims									
Signature of Treasure	Charles A	A. Williams		[El	ectronically	Filed]	Date	10		14		012
NOTE: Submission of		ous, or incomplete i							he pena	alties of 2	2 U.S.C	. §437g.
								_				

L	Office Use Only				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
---	-----------------------	--	--	--	---	---------------------------------

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee: (a) X This committee is a principal campaign committee. (Complete the candidate information below	w)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Co	
information below.)	implete the candidate
Name of Candidate TERRY EVERETT	
Candidate Party Affiliation REP Office Sought: House Senate President	State
Tarty Allination Sought. 7 House Senate President	District 02
(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 co	onnected 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 scommittee. (i.e., nonconnected committee)	segregated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number	
3. FEC ID number	

FEC Form 1 (Revised 0	2/2009)		Page 3
Write or Type Committee Name	L. 2000]		i aye 🗸
	TT FOR CONGRI	FSS	
			ative, or Leadership PAC Sponsor
NONE		.	
Mailing Address			
	CITY	STA	TE ZIP CODE
Relationship: Connected	Organization Affiliated Committee	ee Joint Fundraising Repre	sentative Leadership PAC Sponsor
	_		
7. Custodian of Records: Identibooks and records.	ify by name, address (phone numb	er optional) and position of t	the person in possession of committee
Full Name			
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
8. Treasurer: List the name and any designated agent (e.g., a		l) of the treasurer of the comm	nittee; and the name and address of
Full Name Mr. Charles of Treasurer	A. Williams		
Mailing Address	108 Jamestown Blvd.		
	Dothan		36305
Title on Decision	CITY	STATE	ZIP CODE
Title or Position Treasurer		Telephone number	334 - 677 - 4411

	1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
		-
	CITY STATE	ZIP CODE
Title or Position		1.1
	Telephone number	
carety acposit box	oxes or maintains funds.	
Name of Bank, D		
Name of Bank, D	Depository, etc.	
• .	Depository, etc. SunSouth Bank	
Name of Bank, D	Depository, etc. SunSouth Bank PO Box 1910	1910
Name of Bank, D	Depository, etc. SunSouth Bank	1910
Name of Bank, D	Depository, etc. SunSouth Bank PO Box 1910 Dothan AL 36302-	1910 ZIP CODE
Name of Bank, D	Depository, etc. SunSouth Bank PO Box 1910 Dothan CITY STATE	
Name of Bank, D	Depository, etc. SunSouth Bank PO Box 1910 Dothan CITY STATE Depository, etc.	
Name of Bank, D	Depository, etc. SunSouth Bank PO Box 1910 Dothan CITY STATE	
Name of Bank, D	Depository, etc. SunSouth Bank PO Box 1910 Dothan CITY STATE Depository, etc. Citizens State Bank 315 Columbus Ave NW	
Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. SunSouth Bank PO Box 1910 CITY STATE Depository, etc. Citizens State Bank 315 Columbus Ave NW PO Box 800	ZIP CODE
Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. SunSouth Bank PO Box 1910 Dothan CITY STATE Depository, etc. Citizens State Bank 315 Columbus Ave NW	ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. ı Regionş Bank PO Box 6507 Mailing Address 36302 Dothan CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number