

STATEMENT OF ORGANIZATION

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Julian McPhillips for U.S. Senate	2. DATE 1/10/2001
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 816 South Perry Street	3. FEC IDENTIFICATION NUMBER C00364186
(c) City, State, and Zip Code Montgomery, AL 36104	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

SECRETARY OF THE SENATE
 02 APR 17 PM 12:41

5. TYPE OF COMMITTEE (Check one)

(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)

<small>Name of Candidate</small>	<small>Candidate Party Affiliation</small>	<small>Office Sought</small>	<small>State/District</small>
Julian L. McPhillips, Jr.	Democratic Party	Senate	AL 02

(c) The committee supports/opposes only one candidate _____ and is NOT an Authorized committee.

(d) The committee is a _____ committee of the _____ Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Friends of McPhillips	518 South Perry Street Montgomery AL 36104	Connected

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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	Mailing Address	Title or Position
Amelia Strickland 3342740004	8512 English Oak Loop Montgomery, AL 36117	Custodian Of Records


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

Full Name	Mailing Address	Title or Position
Amelia Strickland 3342740004	8512 English Oak Loop Montgomery, AL 36117	Treasurer

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

Name of Bank, Depository, etc.	Mailing Address and Zip Code
Compass Bank	P.O. Box 10566 Birmingham, AL 35296
SouthTrust Bank	P.O. Box 230617 Montgomery, AL 36123

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

<small>TYPE OR PRINT NAME OF TREASURER</small>	<small>SIGNATURE OF TREASURER</small>	<small>Date</small>
Amelia Strickland		1/28/2002

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 DAY

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

FAX (48-HOUR NOTICES) _____
Date of Receipt

INSIDE MAIL _____
Date of Receipt

**RECEIVED FROM THE LEGISLATIVE RESOURCE
CENTER** _____
Date of Receipt

**RECEIVED FROM THE FEDERAL ELECTION
COMMISSION** _____
Date of Receipt

FIRST CLASS MAIL _____
Postmarked

REGISTERED/CERTIFIED MAIL 1/28/02
Postmarked

NO POSTMARK **POSTMARK ILLEGIBLE**

OTHER (Specify): _____
 AIRBORNE EXPRESS
 EXPRESS MAIL
 FEDERAL EXPRESS
 UPS

Postmark and/or Date of Receipt

RD
Preparer

4/17/02
Date Prepared