Image# 202110159467736624				PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ		c	Diffice Use Only
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.		
ALABAMA BANK		TION, INC. PAC		
	445 DEXTER AVENUE			
ADDRESS (number and street)	SUITE 10025			
(Check if address is changed)				
	CITY A		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE				
<ul> <li>(Check if address is changed)</li> </ul>	ashley.newman@live.c	;om 		
	Optional Second E-Mail Ad	dress		
	jcm.gop@gmail.com			
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
2. DATE 10 / 15				
3. FEC IDENTIFICATION NU	JMBER ► C c	00367094		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief i	t is true, correct and	d complete.
Type or Print Name of Treasure	r Newman, Ashley, , ,			
Signature of Treasurer	nan, Ashley, , ,	[Electronically Filed]	Date 10	/ D D / Y Y Y Y 15 2021
NOTE: Submission of false, errone		may subject the person signing ON SHOULD BE REPORTED \		e penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

10/15/2021 17 : 09

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	FEC Fo	rm 1 (Revised 02/2009) Page 2								
TYP	E OF C	OMMITTEE								
Car	ndidate	e Committee:								
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)								
(b)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Comp information below.)									
	ne of didate	L								
	didate y Affiliati	on Office Sought: House Senate President District								
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.								
Nam Cano	ne of didate									
Par	ty Con	nmittee:								
(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party								
Poli	itical A	ction Committee (PAC):								
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is								
		Corporation Corporation w/o Capital Stock								
		Membership Organization								
		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.)								
Join	nt Func	Iraising 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.								
	Com	mittees Participating in Joint Fundraiser								
	1.									
	2.	FEC ID number								
	3.	FEC ID number								
	4.	FEC ID number								

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## ALABAMA BANKERS ASSOCIATION, INC. PAC

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

A	Alabama Bankers Asso	ciation Inc	
L			
	Mailing Address	445 Dexter Avenue	
		Montgomery	AL 36124
		CITY	STATE ZIP CODE
	Relationship: <b>x</b> Connected	Organization Affiliated Committee	Joint Fundraising Representative Leadership PAC Sponsor
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number	optional) and position of the person in possession of committee
	Mackinger,	Julia, , ,	
	Full Name	19 Spanish Moss Road	
	Mailing Address		
		Hilton Head	SC29928
	Title or Position	CITY	STATE ZIP CODE
	Assistant Treasurer		Telephone number $\begin{bmatrix} 503 \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ $

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	Newman, Ashley, , ,
Mailing Address	PO Box 3723
	Montgomery
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent								ĺ																	1		
Mailing Address																											
		L																									
						1											L			L			1			1	
								CIT	Y								ST	ATE				ZI	р (	COD	θE		
Title or Position																											
												Tele	eph	ione	e ni	uml	ber										

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.

Servisl	First Bank		
Mailing Address	One Commerce Street		
	Montgomery		36104 
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE