

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5
 Callahan for Congress

ADDRESS (Home or street) P.O. Box 9699
 (Check if address is changed) Mobile AL 36691
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 Susan@Gibbons-cpas.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
 2518439136

2. DATE 08 / 15 / 2003

3. FEC IDENTIFICATION NUMBER C C00176560

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 is true, correct and complete

Type or Print Name of Treasurer Jerry Gibbons

Signature of Treasurer Electronically Filed by Jerry Gibbons Date 08 / 15 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
-----------------------	--	--	--	--

For further information contact:
 Federal Election Commission
 Toll Free 800-424-9530
 Local 202-894-1100

FEC FORM 1
 (Revised 02/2003)

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.)

Name of Candidate _____

Candidate	Office					State	AL
Party Affiliation	Sought:	X	House	Senate	President	District	01

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) 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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

 _____ - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name

Callahan for Congress

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 Jerry Gibbons

Mailing Address 4328 Boulevard Park S.

Mobile AL 36609 -

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 251 - 343 - 9120

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 Jerry Gibbons

Mailing Address 4328 Boulevard Park S.

Mobile AL 36609 -

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 251 - 343 - 9120

Full Name of Designated Agent H Karen McKinney

Mailing Address 4328 Boulevard Park S

Mobile AL 36609 -

Title or Position ▼ Asst. Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 251 - 343 - 9120

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.

AmSouth Bank

Mailing Address

P.O. Box 11007

Birmingham

AL

35288 -

CITY Δ

STATE Δ

ZIP CODE Δ