FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	'	(See instruction		N					Offic	e use on	lv			
1. NAME OF COMMITTEE (in	full) X	(Check if name is changed)	Exan	nple: If typyir the lines	ng, type	[	2FE	4M5		1	]			_
BankTrust PA	с 								<u> </u>	1 1	ш	டட		Ш
											ш	ш	ш	لــا
ADDRESS (number and	street) PO E	Box 3067							ш			டட		Ш
(Check if addr is changed)	ess Mob						ĄL J	-1		366	<u> </u>	 		ப ப
			CITY▲			ST	TATE.			ZII	COD	E 📥		
COMMITTEE'S E-MA														
lgt@banktrust	online.com 		ш	ш			ш		Щ	ш	ш	щ	ш	Ш
			ш	шш			ш		ш	ш	ш	ш	Ш	Ц
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)												
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2514317851 2. DATE 0 6	1 / D D / Y													
3. FEC IDENTIFICA	ATION NUMBER	(	C coo	326637	• • •									
4. IS THIS STATEM	MENT NEW		Х		DED (A)									
I certify that I have exami		to the best of my know	J	d belief it is tr	ue, correct	and co	omplete	)						
Signature of Treasurer	. Electronically File	d by <b>F. Michael</b>	Johnse	on		Da	te	<sup>M</sup> 0 6	/	0 4	' [	<b>2</b>	0 <sup>°</sup> 0	8
NOTE: Submission of fa		nplete information may								f 2 U.S.	C. S43	7g.		
Office Use Only				For further i Federal Elec Toll Free 800 Local 202-69	tion Comm 0-424-9530	nission	act:			FEC (Revis	FOF		1	

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5.	TYPE OF CO	MMITTEE (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 information below.)	ne candidate
	Name of Candidate		
	Candidate Party Affiliatio	n Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	(e) X	This committee is a separate segregated fund	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	d fund or party
6. L		Connected Organization or Affiliated Committee	
_		100 ST JOSEPH STREET	
	Mailing Addre	POST OFFICE BOX 3067	
		L , , , MOBILE , , , , , , , , , , , , , , , , , , ,	36652
		CITY▲ STATE ▲	ZIP CODE
	Relationship	Affiliated	
	Type of Conn	ected Organization:	
	X Corpo	oration Corporation w/o Capital Stock Labor Organi	zation
	Mem	bership Organization Trade Association Cooperative	

ne person in
36601
ZIP CODE A
431 7833
36652 <sub>—</sub>
ZIP CODE A
_ 431 _ 7813
ZIP CODE A
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	FEC Form 1	(Revised 02	/2003)																								Pag	ge	4		
9.	Banks or Other D safety deposit boxe Name of Bank, Dep	es or maintain			anks (	or oth	ner d	epos	sitor	ies i	n wh	nich	the	cor	nmi	ittee	e de	pos	sits	fun	ds,	ho	lds	acc	oui	nts,	rer	nts			
		<b>BankT</b> r	ust						L										L	L							L		L		
	Mailing Address		100	St .	Josej	oh S	tree	et	ı	1 1	1	ı	1	ı		ı	ı	ı	ı	ı	ı	1	ı	ı	1	1	ı	ı		ı	ı
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							CI	ΙΤΥ	Δ								;	ST	ATE	Δ					ZII	- C	OD	Ε	Δ		
	Name of Bank, Dep	pository, etc.																													
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	Mailing Address					ı			1	ĺ				ı		ı		1	ı	1		1	1	ı	1	1	L			L	1
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CITY 🔼

STATE **△** 

ZIP CODE 🛕

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Banks or Other Depositori safety deposit boxes or main		
Name of Bank, Depository, e	tc.	[ ADDITIONAL ]
Mailing Address		
	CITY ▲	STATE ZIP CODE A
Name of Any Connected	Organization or Affiliated Committee	[ ADDITIONAL ]
		[7.556.0.4.2]
BancTrust Financial G	roup	
1		
	100 Saint Joseph Street	
Mailing Address		
	Mobile	AL 36602
	CITY▲	STATE ▲ ZIP CODE ▲
Conr	to-d	
Relationship	1ectea	
Relationship	nected	
Type of Connected Organiz		
Type of Connected Organiz	ation:	Labor Organization
Type of Connected Organiz	ation:  Corporation w/o Capital Stock	Labor Organization  Cooperative

Designated Agent		[ ADDITIONAL ]
Full Name		
Title or Position ♥	CITY &	
		elephone number