

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAIL CENTER
2008 JAN 29 PM 1:01

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

S m i t h , F o r C o n g r e s s

ADDRESS (number and street)

1 4 7 M o r r i s S t r e e t

(Check if address
is changed)

S l o c o m , b

A L

3 6 3 7 5

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

t r a c y @ p a r s o n s g r o u p l l c . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

3 3 4 - 7 9 3 - 2 9 6 0

2. DATE

0 1 2 5 2 0 0 8

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

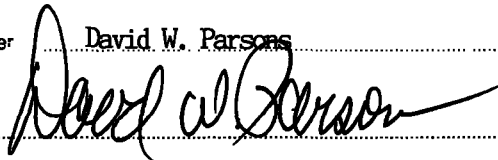
AMENDED (A)

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

David W. Parsons

Signature of Treasurer



Date

0 1 2 5 2 0 0 8

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 DAYS.

Office Use Only					
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 12/2007)

28039603878

5. TYPE OF COMMITTEE

Candidate Committee:

- (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: Harri Anne Smith

Candidate Party Affiliation: Rep Office Sought: House Senate President State: AL 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 connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative

- (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 Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number:	<u>C</u>
2.	_____	FEC ID number:	<u>C</u>
3.	_____	FEC ID number:	<u>C</u>
4.	_____	FEC ID number:	<u>C</u>
5.	_____	FEC ID number:	<u>C</u>

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Write or Type Committee Name

Smith For Congress

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

[Empty dotted lines for organization name]

Mailing Address

[Empty dotted lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

David W Parsons

Mailing Address

P.O. Box 490

Dothan

AL

36302

0490

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

334

793

3122

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

David W Parsons

Mailing Address

P.O. Box 490

Dothan

AL

36302

0490

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

334

793

3122

28039603880

Full Name of Designated Agent Tracy B Knowles

Mailing Address P O Box 490

Dothan AL 36302-0490
CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number 334-793-3122

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.

Trinity Bank

Mailing Address 3850 West Main Street

Dothan AL 36303
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

28039503881

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Ex* Shipping Date
1/28/08
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


 PREPARER

1/29/08
 DATE PREPARED

28039503882