## 2017 · 05 · 02 · 05 · 00155081

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2017 MAY -2 AM 7:53

1. NAME OF COMMITTEE (in fuil)	(Check if name is changed)	Example:If typing, type over the lines.	1 2 F E 4	М		
[S <sub>i</sub> O <sub>i</sub> U <sub>i</sub> THĘŖŊ ˌF¦Ü]	TURES A POLI	TICAL ACTION	N COMMIT	TEE		
ADDRESS (number and street)	PO BOX 626		<del>                                     </del>			
(Check if address is changed)						
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	ţ	CITY	STATE	ZIP CODE		
COMMITTEE'S E-MAIL ADDRI	ESS (Please provide only one e-	mail address)				
(Check if address)	bfarmer@s	[b <sub>i</sub> f <sub>i</sub> a <sub>i</sub> rm <sub>i</sub> e <sub>i</sub> r@ <sub>i</sub> s <sub>i</sub> o <sub>i</sub> u <sub>i</sub> thernfuture <sub>i</sub> s <sub>i</sub> .org				
is changed)		<del>                                      </del>				
COMMITTEE'S WEB PAGE AL	DDRESS (URL)					
(Check if address				لحسسب		
is changed)		L.	<del></del>			
2. DATE 0 4 1	0 / 2 0 1 7		,			
			•			
3. FEC IDENTIFICATION NUMBER	Co	0 5 6 9 0 1 2				
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 ar	nd complete.		
Type or Print Name of Treasur	er Benjamin Farmer	<del> </del>	<del></del>	<del></del>		
Signature of Treasurer	Barda		Date 0 4	' 1 5 ' 2 0 1 7		
NOTE: Submission of false, erro	neous, or incomplete information  ANY CHANGE IN INFORMATION			e penalties of 2 U.S.C. §437g.		
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)		

11010	orm 1 (Revised 02/2009)	e e de jes	Page <b>2</b>
TYPE OF C	COMMITTEE	: •	**
Candidat	e Committee:		
(a)	This committee is a principal campaign committee. (Complete the candi	date information b	pelow.)
(b)	This committee is an authorized committee, and is NOT a principal cam information below.)	npaign committee.	(Complete the candidate
Name of Candidate		1-1-1-1-1	<u> </u>
Candidate Party Affiliat	tion Office Sought: House Senate	Presid	State ent District
(c)	This committee supports/opposes only one candidate, and is NOT an a	uthorized committ	ee.
Name of Candidate			
Party Co	mmittee:		
(d)	This committee is a (National, State or subordinate) committee of the	ne	(Democratic, Republican, etc.) Party
Political /	Action Committee (PAC):		
(e)	This committee is a separate segregated fund. (Identify connected organ	nization on line 6.)	Its connected organization is a
	Corporation Corporation w/o Cap	ital Stock :	Labor Organization
	Membership Organization Trade Association	2 1 1	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.		
(f) ×	In addition, this committee is a Lobbyist/Registrant PAC.  This committee supports/opposes more than one Federal candidate, ar committee. (i.e., nonconnected committee)	nd is NOT a sepa	rate segregated fund or party
(f) X	This committee supports/opposes more than one Federal candidate, ar	nd is NOT a sepa	rate segregated fund or party

## In addition, this committee is a Lobbyist/Hegistrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or par 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.) 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 2. FEC ID number C

FEC ID number C

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00155883

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FEC Form 1 (Revise		<u>:</u>	Page 3
Write or Type Committee Na	me		
6. Name of Any Connected	d Organization, Affiliated Committee, Join	nt Fundraising Representative,	or Leadership PAC Sponsor
		1111111111	
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee	Joint Fundraising Representa	
	dentify by name, address (phone number -	- optional) and position of the p	erson in possession of committee
books and records.		tan ing pangangan	
Full Name B <sub>l</sub> e <sub>I</sub> n	ıjamıip F <sub>l</sub> arrmer		
Mailing Address	PO BOX626		
	[H <sub>1</sub> u <sub>1</sub> n <sub>1</sub> t <sub>1</sub> s <sub>1</sub> v <sub>1</sub> l <sub>1</sub> l <sub>2</sub> e <sub>1</sub> , 1, 1	L A <sub>L</sub> L	3,5,8,0,4-
Title or Position	CITY	STATE	ZIP CODE
Tırlelalslulrel	· · · · · · · · · · · · · · · · · · ·	Telephone number 3	3 4 - 4 4 4 - 2 8 9 3
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of g., assistant treasurer).	f the treasurer of the committee	and the name and address of
Full Name of Treasurer B <sub>I</sub> e <sub>I</sub> n	յ a m յi ր լFլaլrլmյeլr, լ լ		
Mailing Address	PO BOX 6,2,6		·
	H <sub>i</sub> u <sub>i</sub> n <sub>i</sub> t <sub>i</sub> s v i l <sub>i</sub> le i		
Title or Position Title or Position	CiTY	STATE Telephone number	ZIP CODE
Treasurer		Telephone number [3]	3 <sub>1</sub> 4]-[4 <sub>1</sub> 4 <sub>1</sub> 4]-[2 <sub>1</sub> 8 <sub>1</sub> 9 <sub>1</sub> 3]

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**Printing Demo** 

Southern Futures A Political Action Committee PO Box 626

Huntsville, AL 35804

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Federal Election Commission 999 E Street, NW Washington, DC 20463

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Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): (3/2015)