

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED 2015 JAN 28 AM 8: 32

			Office Use Only		
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5		
Committee	FOR QUALIF	TED CANDILD	ATES, INC.		
GINA FRIE	NDS, DE, HOW	ELL HEFLIN	COMMITTEE, INC.		
ADDRESS (number and street)	1,1,6, Jeffe	rision Strige	<u>† </u>		
(Check if address is changed)	Suite 3,0,0				
	1H, u, n, t, s, v, 1, 1, 1	<u>e</u>	[A]_L [3,5,8,0,1]		
COMMITTEE'S E-MAIL ADDRE	ESS				
(Check if address is changed)	15,dinik@19,0,1.	COM			
*	Optional Second E-Mail Ad	dress			
COMMITTEE'S WEB PAGE AD	DRESS (URL)				
(Check if address is changed)		<u></u>			
	1				
	·	 	·		
2. DATE 2 3	2011	•			
3. FEC IDENTIFICATION NUMBER > COOS 595.					
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
I certify that I have examined to	his Statement and to the best	of my knowledge and belief it	is true, correct and complete.		
Type or Print Name of Treasurer Statement and to the best of my knowledge and belief it is true, correct and complete.					
Signature of Treasurer	Stee	Kalg	Date 01 12 2015		
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		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	intact: FEC FORM 1		

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	. 1	FEC Fo	rm 1 (Revised 02/2009)	Page 2				
5.	TYPE	E OF C	OMMITTEE					
	Can	didate	Committee:					
	(a)	DIAY.	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. (Con information below.)	nplete the candidate				
	Name Cand			<u> </u>				
	Cand Party	idate Affiliati	on Sought: House Senate President	State				
	(c)	· ·	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Cand	.,						
	Part	Party Committee:						
	(d)	Description of the last of the	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
	Polit	Political Action Committee (PAC):						
	(e)	i sam	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:				
			Corporation Corporation w/o Capital Stock	Labor Organization				
			Membership Organization Trade Association	Cooperative				
			In addition, this committee is a Lobbyist/Registrant PAC.					
	(f)	X	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.)					
	Joint	t Fund	raising Representative:					
	(g) _.	Training to the state of the st	This committee collects contributions, pays fundralsing expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.					
	(h) This committee collects contributions, pays fundralsing expenses and disburses net proceeds for two or more politic committees/organizations, none of which is an authorized committee of a federal candidate.							
		Committees Participating in Joint Fundraiser						
		1.	FEC ID number C					
		2.	FEC ID number					
		3.	FEC ID number					
		4.	FEC ID number					
			Part Complete	وأتا معروب فأزار ببابات المسائد				

CITY

STATE

ZIP CODE

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Full Name of Designated

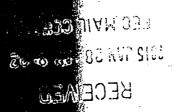
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Write or Type Committee I	lame	•
COMMITTEE	FOR QUALIFIED CANDIDATES	INC
	ed Organization, Affiliated Committee, Joint Fundralsing Represen	
Mailing Address		
	CITY ST	TATE ZIP CODE
Polationship: Conn	acted Organization [Affiliated Committee] Joint Fundraising Rep	rocentative
Medical Salph.	Tourist of the state of the sta	- Control of the Cont
Overalles of December	Libertitic by a super address (about a visual and a subtraction of a subtr	6 M. a
books and records.	Identify by name, address (phone number optional) and position o	if the person in possession of committee
.i.) (l llo: -	
Full Name	Ima Hension	
Mailing Address	Ullib Tefferson Street	
	Buite 300	
	Huntsville 1	L B58011-LI
Title or Position	CITY STA	TE ZIP CODE
		19511 151 10 100 65
	Telephane number	12,561-15,6,41-19,9,6,7
Treasurer: List the name	and address (phone number optional) of the treasurer of the com	nmittee; and the name and address of
any designated agent (e	g., assistant treasurer).	
Full Name of Treasurer	ere Raby	
Mailing Address	11,16, Jefferson, Street	<u> </u>
	Suite 300	
	Huntsville 1	1, 13.5.8.01,-1
	CITY STA	TE ZIP CODE
Title or Position		12561-15641-19.96
	Telephone number	- はいめほいかさきしたか

THOM: THE DOGS

FEC 999 E street, NW Washington, DC 20463.

116 JEFFERSON STREET • SUITE 300 • HUNTSVILLE, AL 35801 (256) 564-9967 DIRECT COMMUNICATIONS
Public Relations • Issues Management • Strategic Counseling







(8/2013)

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. Date of Receipt Hand Delivered Postmarked USPS First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt 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 or Postmarked Other (Specify): **PREPARER** DATE PREPARED