Only

PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) ALABAMA CONSERVATIVES FUND 421 OFFICE PARK DRIVE ADDRESS (number and street) (Check if address is changed) MOUNTAIN BROOK 35223 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS ALCONSERVATIVESFUND@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 31 2023 C00786152 FEC IDENTIFICATION NUMBER > 3. X 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. MELTON, KAYLEN, , , Type or Print Name of Treasurer MELTON, KAYLEN, , , [Electronically Filed] 07 31 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FE	C Form	1 (Revised 03/2022)	Page 2					
5.	TYPE C	TYPE OF COMMITTEE:						
	Candid	date 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 information below.)	candidate					
	Name Candid							
	Candid Party	date Office Sought: House Senate President	State					
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
		ne of didate						
	Party (	arty Committee:						
	(d)	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, e	etc.) Party					
	Politica	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 Org	anization					
		Membership Organization Trade Association Cooperation	/e					
		In addition, this committee is a Lobbyist/Registrant PAC.						
	(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 Lobbyist/Registrant PAC.						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
	(g) <b>x</b>	This committee is an independent expenditure-only political committee (Super PAC).						
		In addition, this committee is a Lobbyist/Registrant PAC.						
	(h)	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).						
		In addition, this committee is a Lobbyist/Registrant PAC.						
	Joint F	Fundraising Representative:						
	(i) 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.							
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.								
	Com	nmittees Participating in Joint Fundraiser						
	1.	C						

	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>					
	Write or Type Committee Name	·/	. ago <b>o</b>					
		NSERVATIVES FUND						
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE							
	Mailing Address							
		CITY ▲ STATE ▲	ZIP CODE ▲					
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Represen	tative Leadership PAC Spons					
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.							
	MELTON, R	<pre><aylen, ,="" ,<="" pre=""></aylen,></pre>						
	Full Name							
	Mailing Address	421 OFFICE PARK DRIVE						
		MOUNTAIN BROOK	35223					
		CITY ▲ STATE ▲	ZIP CODE ▲					
	Title or Position ▼							
	TREASURER	Telephone number						
8.	<b>Treasurer:</b> 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 MELTON, R	KAYLEN,,,						
	of Treasurer							
	Mailing Address	421 OFFICE PARK DRIVE						
		MOUNTAIN BROOK AL	35223					
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲					
	TREASURER	Telephone number						

FEC Form 1	Revised 02/2009)		Page <b>4</b>			
Full Name of	11011000 02/2000)		l ago I			
Designated Agent						
Mailing Address						
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲			
	Tel	ephone number	-			
	epositories: List all banks or other depositories in which tes or maintains funds.	he committee deposits funds	, holds accounts, rents			
Name of Bank, De	pository, etc.					
Ĺ	CHAIN BRIDGE BANK					
Mailing Address	1445-A LAUGHLIN AVENUE					
	MCLEAN	VA 2	2101			
	CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
L						
Mailing Address						
	CITY ▲	STATE ▲	ZIP CODE ▲			