

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

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2019 MAR 22 AM 9:22  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

TEAM BYRNE

ADDRESS (number and street)

P.O. BOX 3723

☐

(Check if address  
is changed)

MONTGOMERY

CITY ▲

AL

STATE ▲

36109

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address  
is changed)

ASHLEY.NEWMAN@LIVE.COM

Optional Second E-Mail Address

JCM.GOP@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address  
is changed)

2. DATE

02 / 25 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00695551

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 J. ASHLEY NEWMAN

Signature of Treasurer

*J. Ashley Newman*

Date

02 / 25 / 2019

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.

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

**FEC FORM 1**  
(Revised 06/2012)

**Candidate Committee:**

- Name of Candidate \_\_\_\_\_

[illegible]

4. \_\_\_\_\_ FEC ID number **C** \_\_\_\_\_

Write or Type Committee Name

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

BYRNE FOR SENATE

Mailing Address

P.O. BOX 3723

MONTGOMERY

CITY

AL

STATE

36109

ZIP CODE

Relationship: ☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 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

J. ASHLEY NEWMAN

Mailing Address

P.O. BOX 3723

MONTGOMERY

CITY

AL

STATE

36109

ZIP CODE

Title or Position

TREASURER

Telephone number

334

301

3401

## 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

J. ASHLEY NEWMAN

Mailing Address

P.O. BOX 3723

MONTGOMERY

CITY

AL

STATE

36109

ZIP CODE

Title or Position

TREASURER

Telephone number

334

301

3401

Full Name of  
Designated  
Agent

JULIA MILLER

Mailing Address

P.O. BOX 3723

MONTGOMERY

CITY

AL

STATE

36109

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

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.

SERVISFIRST BANK

Mailing Address

ONE COMMERCE STREET

SUITE 200

MONTGOMERY

CITY

AL

STATE

36104

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

# FEDEX

## Express

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ORIGIN ID:MGMA (334) 301-3401  
ASHLEY NEWMAN  
NEWMAN AND ASSOCIATES, LLC  
10 COURT SQUARE  
2ND FLOOR  
MONTGOMERY AL 36104  
UNITED STATES US

SHIP DATE: 21 MAR 19  
ACTWGT: 0.50 LB  
CAD: 102214615/NET4100

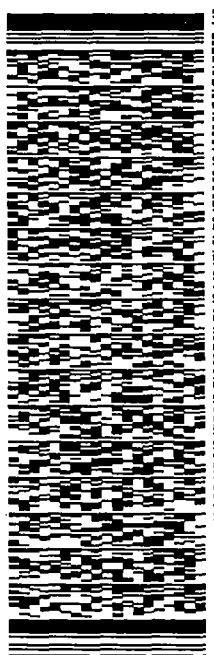
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TO: FEDERAL ELECTION COMMISSION

999 E STREET, N.W.

WASHINGTON DC 20463

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PO:

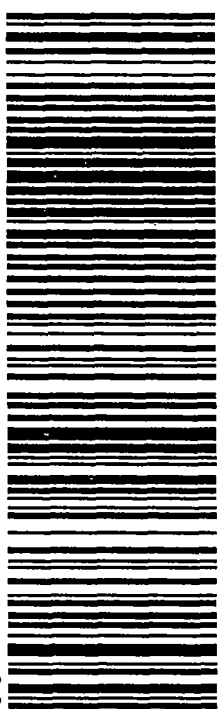


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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	<u>3-22-19</u> DATE PREPARED

(3/2015)

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