



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

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Statement of Organization of Political Action Committee

This statement establishes the following political action committee:

Please print in ink or type. Email address is required

| | | | |
|---|--------------------|--|--|
| Full Name of the Committee STACK PAC | | Email Address of the Committee (required) G.S.STADTHAGEN@GMAIL.COM | |
| Address of the Committee (street or post office box) PO BOX 394 | | | |
| City HARTSELLE | State AL | ZIP Code 35640 | |
| Telephone Number (256) 606-6028 | | Acronym for Political Committee STACK PAC | |
| Date Political Committee established June 08, 2022 | | | |

This form is due within **ten (10)** days of raising or spending \$1,000.00

Type of Committee (check one)

- Statewide political action committee
 County political action committee

Duration of Committee (check one)

- Continuing (non short term)
 Short term - Termination Date:

Describe, as concisely as possible, the purpose of this committee and, if applicable, the identification of affiliated or connected organizations [pursuant to Code of Alabama 1975, §17-5-5(b)(2)-(3).] (if additional space is necessary, please use back of form or attach pages)

TO ELECT CONSERVATIVE REPUBLICANS INTO OFFICE

Please describe the manner in which residual funds will be disposed in the event of dissolution of the political committee [pursuant to Code of Alabama 1975, §17-5-5(b)(8).] (if additional space is necessary, please use back of form or attach pages)

DONATE TO CHARITY

Identify this Committee's Chairperson and Treasurer:

To identify other principal officers of the political action committee pursuant to Code of Alabama 1975, §17-5-5(b)(5), including members of any finance committee, please attach additional pages.

| Chairperson | | | |
|--|---|--------------------------|--|
| Full Name SCOTT STADTHAGEN | | | |
| Address (street or post office box) PO BOX 394 | | | |
| City HARTSELLE | State AL | ZIP Code 35640 | |
| Telephone Number (256) 606-6028 | Email Address (Required) G.S.STADTHAGEN@GMAIL.COM | | |

| Treasurer | | | |
|--|---|--------------------------|--|
| Full Name SCOTT STADTHAGEN | | | |
| Address (street or post office box) PO BOX 394 | | | |
| City HARTSELLE | State AL | ZIP Code 35640 | |
| Telephone Number (256) 606-6028 | Email Address (Required) G.S.STADTHAGEN@GMAIL.COM | | |

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the information contained herein is true and correct.

Signature of chairperson or treasurer of political committee _____ Date 06/08/2022

Where to file this form ...

After the Chairperson or Treasurer has signed this form, mail original document to the following address:

Office of the Secretary of State
Elections Division
P.O.Box 5616
Montgomery, AL 36103

In the event this information changes ...

Any material change in information reported on this Statement of Organization shall be reported to the Secretary of State or the county judge of probate within ten (10) days following the change. "Material change" includes changes in the identity or address of the chairperson or treasurer, or changes in the name, address, purpose or intended duration of the political committee. [Code of Alabama 1975, §17-5-5(b)-(c)].