



OFFICE OF THE MISSISSIPPI SECRETARY OF STATE

STATEMENT OF ORGANIZATION FOR A POLITICAL COMMITTEE

1. Name of committee _____
2. Address of committee _____
 City, State, Zip _____ Email _____
 Phone _____ FAX _____
 Contact Person _____ Phone _____ Email _____
 Contact Full Address _____

3. Is the committee registered with the Federal Election Commission (FEC)? _____ Yes
 FEC Identification Number _____ No
4. If the committee is authorized by a candidate:
 Name of Candidate _____
 Address _____
 Office sought _____ Party _____
5. Describe, as concisely as possible, the purpose of this committee and, if applicable, the identification of affiliated or connected organizations:

6. Names and addresses of all officers: (attach separate sheet if necessary)
 - A. Name _____ Office _____
 Address _____
 - B. Name _____ Office _____
 Address _____
 - C. Name _____ Office _____
 Address _____
 - D. Name _____ Office _____
 Address _____
7. Director _____
 (Type Name) (Signature) (Date)
8. Treasurer _____
 (Type Name) (Signature) (Date)

Send To:

1. Political Committees associated with statewide or multi-county elections should return the form to:
Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson MS 39205.
2. Political Committees associated with single county elections should return this form to their
 County Circuit Clerk.
3. Political Committees associated with municipal elections should return this form to their Municipal Clerk.