



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 _____

Contact Full Address _____

_____ Email _____

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 the committee and, if applicable, the identification of affiliated or connected organizations:

6. Name and address 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 _____

(Print Name)

(Signature)

(Date)

8. Treasurer _____

(Print Name)

(Signature)

(Date)

Send To: 1. Political Committees associated with statewide or multi-county elections should return the form to: **Secretary of State, Elections Division, P.O. Box 136, Jackson MS 39205**, Fax to (601)576-2545, or Email to CampaignFinance@sos.ms.gov. 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.