



# 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:  
**Michael Watson, 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.