



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.