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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12P84M5

Telapex, Inc. PAC

ADDRESS (number and street) 125 South Congress Street

(Check if address is changed) Suite 1000

Jackson MS 39201-3303

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

sstegall@cellularsouth.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 12 27 2004

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sherry Stegall

Signature of Treasurer Sherry Stegall Date 12 27 2004

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

FEDFM042.PDF

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation | Office Sought: House | Senate | President | State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee

Name of Candidate

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

(e) X This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee

6. Name of Any Connected Organization or Affiliated Committee

Telapex, Inc.

Mailing Address 126 South Congress Street
Suite 1000
Jackson MS 39201-3303

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected

Type of Connected Organization:

X Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name: Treasurer

Mailing Address:

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: ___-___-___

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee, and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Sherry Stegall

Mailing Address: 125 South Congress Street
Suite 1000
Jackson MS 39201-3303

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Treasurer

Telephone number: 601-974-7152

Full Name of Designated Agent: Ben Pace

Mailing Address: 125 South Congress Street
Suite 1000
Jackson MS 39201-3303

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Assistant Treasurer

Telephone number: 601-974-7151

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc

Trustmark National Bank

Mailing Address PO Box 291

Jackson MS 39205-0291

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

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The FEC added this page to the end of this filing to indicate how it was received.

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(5/2004)