

February 21, 2013

FEDERAL ELECTION COMMISSION
999 E. STREET, N.W.
WASHINGTON, DC 20463

RECEIVED
2013 MAR -1 AM 11:27
FEC MAIL CENTER

RE: LAFAYETTE COUNTY DEMOCRATIC PARTY
LAFAYETTE COUNTY, MISSISSIPPI
FEC ID # C00532788

ENCLOSED PLEASE FIND:

1. FEC FORM 1 STATEMENT OF ORGANIZATION (AMENDED)
2. FEC FORM 3X (REPORTING PERIOD 10/22/2012 - 11/26/2012)
3. FEC FORM 3X (REPORTING PERIOD 11/27/2012 - 12/31/2012 YE)

THANK YOU FOR YOUR HELP.



MARTHA SCOTT, TREASURER
LAFAYETTE COUNTY DEMOCRATIC PARTY

13031043111

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2013 MAR Use Only AM 11:27

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12 FEB 4 5 PM '13

FEC MAIL CENTER

LAFAYETTE COUNTY DEMOCRATIC PARTY

ADDRESS (number and street)

506 DONNA COVE

(Check if address is changed)

OXFORD

CITY

MS

STATE

38655-8516

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

TREASURER@LAFAYETTEDEMS.ORG

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.LAFAYETTEDEMS.ORG

2. DATE

02 / 21 / 2013

3. FEC IDENTIFICATION NUMBER

C00532788

4. IS THIS STATEMENT

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

Martha M. Scott

Signature of Treasurer

Martha M. Scott

Date

02 / 21 / 2013

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 06/2012)

13031043112

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number **C** _____

2. _____ FEC ID number **C** _____

3. _____ FEC ID number **C** _____

4. _____ FEC ID number **C** _____

13031043113

Write or Type Committee Name

Lafayette County Democratic Party

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mississippi Democratic Party

Mailing Address

PO Box 1583

Jackson

CITY

MS

STATE

39215

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Treasurer

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

Martha M Scott

Mailing Address

506 Donna Cove

Oxford

CITY

MS

STATE

38655-8516

ZIP CODE

Title or Position

Treasurer

Telephone number

662-236-2748

13031043114

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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.

BANLORPSOUTH BANK

Mailing Address

PO BOX 1300

[Grid for Mailing Address Line 2]

OXFORD MS 38655

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. Line 1]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

13031043115

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
2/22/13

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER

3/1/13
DATE PREPARED