FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

SECRETARY OF THE SENATE
02 MAR 12 PM 2:50
Office Use Only
12FE4M5

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

Trent Lott for Mississippi

ADDRESS (number and street) ▼ P.O. Box 22824

☐ (Check if address is changed)

Jackson, MS 39225

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 03 11 2002

3. FEC IDENTIFICATION NUMBER ▶ C00219220

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 George A. Schloegel

Signature of Treasurer [signature] Date 03 11 2002

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 1/01)

FE1AN040.PDF

5. TYPE OF COMMITTEE (Check One)

(a) [X] 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: C. Trent Lott

Candidate Party Affiliation: REP

Office Sought: [ ] House [X] Senate [ ] President

State: MS

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) [ ] 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**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

Write or Type Committee Name

Trent Lott for Mississippi

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: Dirk Smith

Mailing Address: 201 North Union Street
Suite 530
Alexandria, VA 22314

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

Controller

Telephone number: 703 - 299 - 6600

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: George A. Schloegel

Mailing Address: P.O. Box 22824
Jackson, MS 39225

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

Treasurer

Telephone number: 703 - 299 - 6600

Full Name of Designated Agent:

Mailing Address:

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

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.

Hancock Bank

Mailing Address One Hancock Plaza

Gulfport | MS | 39501

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

BB&T

Mailing Address 1421 Prince Street

Alexandria | VA | 22314

CITY ▲ STATE ▲ ZIP CODE ▲

JERI THOMSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

Hart Senate Office Building
Suite 232
Washington, DC 20510-7116
Phone: 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

✓ **HAND DELIVERED** 3/12/02
Date of Receipt

_____ **FAX (48-HOUR NOTICES)** _____
Date of Receipt

_____ **INSIDE MAIL** _____
Date of Receipt

_____ **RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER** _____
Date of Receipt

_____ **RECEIVED FROM THE FEDERAL ELECTION COMMISSION** _____
Date of Receipt

_____ **FIRST CLASS MAIL** _____
Postmarked

_____ **REGISTERED/CERTIFIED MAIL** _____
Postmarked

_____ **NO POSTMARK** _____ **POSTMARK ILLEGIBLE**

_____ **OTHER (Specify):** _____
_____ **AIRBORNE EXPRESS**
_____ **EXPRESS MAIL**
_____ **FEDERAL EXPRESS**
_____ **UPS** _____
Postmark and/or Date of Receipt

R.D. 3/12/02
Preparer **Date Prepared**