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To Whom It May Concern:

Please find included in this envelope the Statement of Organization and the Statement of Candidacy for Tom Carter / Tom Carter For Congress.

Statement Of Candidacy info:

Thomas G. Carter
35 Windance Drive
Carriere, MS 39426

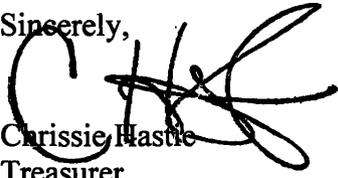
Republican Party
House
State & District: MS 04

2014 Election Cycle

Principle Campaign Committee:
Tom Carter For Congress
PO Box 18945
Hattiesburg, MS 39402

If you have any questions, please do not hesitate to call me at 702-259-5559

Sincerely,



Chrissie Hastie
Treasurer

Paid for by Tom Carter For Congress

14031202224

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Tom Carter For Congress

ADDRESS (number and street) PO Box 18945
 (Check if address is changed)
Hattiesburg MS 39402
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) chrissie@incompliance.net
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed)

2. DATE 03 / 25 / 2014

3. FEC IDENTIFICATION NUMBER C

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 Chrissie Hastie

Signature of Treasurer *Chrissie Hastie* Date 03 / 25 / 2014

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.

14031202225

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 Thomas G. Carter

Candidate Party Affiliation REP Dem Ind Other

Office Sought: House Senate President

State MS AL AR AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MP MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

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

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (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 _____

14031202226

Write or Type Committee Name

Tom Carter For Congress

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

N/A

Mailing Address

CITY

STATE

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 Chrissie Hastie

Mailing Address PO Box 751271

Las Vegas NV 89136

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 702 - 259 - 5559

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 Chrissie Hastie

Mailing Address PO Box 751271

Las Vegas NV 89136

Title or Position of Treasurer CITY STATE ZIP CODE

Treasurer Telephone number 702 - 259 - 5559

14031202227

Full Name of Designated Agent

Chrissie Hastie

Mailing Address

PO Box 751271

Las Vegas

CITY

NV

STATE

89136

ZIP CODE

Title or Position

Treasurer

Telephone number

702

259

5559

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

229 Highway 43 South

Picayune

CITY

MS

STATE

39466

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

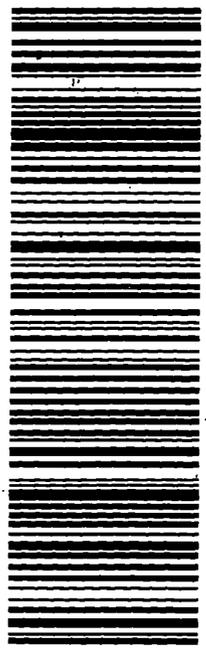
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DC-US
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SA RDVA

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Form ID No. 02

Express Pa
NOTE: Service 5

Next Business
FedEx First
Business
Earliest delivery
location unless
Noted on label

FedEx Priority
Next business
day delivery
is guaranteed.

FedEx Standard Overnight
Next business day
delivery NOT available.

5 Packaging
*Declared value limit \$500.
FedEx Pak*
FedEx Envelope*

6 Special Handling and Delivery Signature
SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Ed

No Signature Required
Package may be left without
obtaining a signature for delivery.

Does this shipment contain dangerous goods?
One box must be checked.

7 Payment Bill for:
Enter FedEx Acct. No. or Credit Card No. below.

Center
Account
Third Party
Credit Card

Total Packages
Total Weight

Your liability is limited to US\$100 unless you declare a higher value. See the carrier's terms and conditions for details.

Date 2014. Postmaster: ©1996-2014 FedEx



FedEx
Express
Package
US Airbill

1 From
Date
3-28-14
Phone
702 259-5599

Sender's Name
Tom CARTER

Company
IN COMPLIANCE INCORP

Address
7840 RED LEAF DR

City
LAS VEGAS

State
NV

ZIP
89131-5005

2 Your Internal Billing Reference
CARTER

3 To
Recipient's Name
FEC

Company
999 E STREET NW

Address
999 E STREET NW

City
WASHINGTON

State
DC

ZIP
20463

Address
WASHINGTON DC

City
WASHINGTON

State
DC

ZIP
20463



8034 0420 9169

Insert shipping document here

FedEx

9169
03.31

RT0

FZ

Direct Signature
Some packages may require a signature for delivery.

Yes
As per recipient's instructions, not for return.

No
Shipper's instructions do not require a signature for delivery.

Does this shipment contain dangerous goods?
One box must be checked.

Yes
Shipper's Declaration not required.

No
Shipper's Declaration not required.

Payment Bill for:
Enter FedEx Acct. No. or Credit Card No. below.

Center
Account
Third Party
Credit Card

Total Packages
Total Weight

Your liability is limited to US\$100 unless you declare a higher value. See the carrier's terms and conditions for details.

Date 2014. Postmaster: ©1996-2014 FedEx

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Federal Election Commission
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USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *fed Ex* Shipping Date
3/28/14
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

 *3/31/14*
PREPARER DATE PREPARED

14031202230