TRENT LOTT

UNITED STATES SENATOR FOR MISSISSIPPI

SECRETARY OF THE SENATE
PH 3:09

March 6, 2008

RECEIVED
FEC MAIL CENTER
2008 MAR -6 PM 4:55

Mr. Chris Jones
Campaign Finance Analyst
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear Mr. Jones:

On March 5, 2008, Trent Lott for Mississippi filed an amended Form 1. This form was filed due to an administrative error.

Please find attached an amended Form 1 reflecting a change in the committee's address and the committee's treasurer only. Also, please disregard Form 1M filed on March 5, 2008, as it will be re-filed when appropriate.

We sincerely apologize for the error. Thank you for your assistance in this matter.

Sincerely,

Bret K. Boyles
Treasurer

28020114234

Paid for and authorized by Trent Lott for Mississippi
P.O. Box 22824, Jackson MS 39225

Not Printed at Government Expense

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SECRETARY OF THE SENATE
08 MAR -7 PM 3:09

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

Trent Lott for Mississippi

ADDRESS (number and street) 201 North Union street

Suite 530

(Check if address is changed)

Alexandria | VA | 22314 -

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

TrentLottforMS@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

None

COMMITTEE'S FAX NUMBER

703 - 548 - 5954

2. DATE MM/DD/YYYY 03 06 2008

3. FEC IDENTIFICATION NUMBER C 00219220

4. IS THIS STATEMENT NEW (N) **OR** X 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 Bret K. Boyles

Signature of Treasurer Date 03 06 2008

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 12/2007)

FE3AN042.PDF

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5. TYPE OF COMMITTEE

Candidate Committee:

(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:

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

(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 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
5. FEC ID number C

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Write or Type Committee Name

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

Mailing Address

CITY STATE ZIP CODE

Relationship:

Connected Organization Affiliated Committee Leadership PAC Sponsor Joint Fundraising Representative

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

CITY STATE ZIP CODE

Title or Position: 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: Bret K. Boyles

Mailing Address: 201 North Union street
Suite 530
Alexandria VA 22314

CITY STATE ZIP CODE

Title or Position: Treasurer

Telephone number: 703 - 299 - 6600

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Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position

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.

BB&T

Mailing Address

1909 K Street, NW

Second Floor

Washington DC 20006

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Hancock Bank

Mailing Address

One Hancock Plaza

Gulfport MS 39501

CITY STATE ZIP CODE

28020114238

NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	☐
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

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Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 03-07-08

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