

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

13 OCT 22 AM 10:40

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

FRIENDS OF CHRIS MCDANIEL

ADDRESS (number and street)

Post Office Box 125

(Check if address  
is changed)

Laurel

CITY ▲

MS

STATE ▲

39441-0125

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

dawn.watters@chrismcdanielforsenate.com

Optional Second E-Mail Address

brett.robinson@chrismcdanielforsenate.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

http://chrismcdanielforsenate.com

2. DATE

10 17 2013

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

Brett Robinson

Signature of Treasurer



Date

10 17 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)

13020495237

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 Christopher Brian McDaniel

Candidate Party Affiliation REP Office Sought: House  Senate  President  State MS District 2

- (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

13020495238

Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

Chrystal Dawn Walters

Mailing Address

152 Monarch Road

Ovett

MS

39464

Title or Position

CITY

STATE

ZIP CODE

Assistant 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

Brett Woods Robinson

Mailing Address

116 Northgate Dr.

Laurel

MS

39440

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

13020495239

Full Name of Designated Agent

Chrystal Dawn Watters

Mailing Address

152 Monarch Road

Ovett

CITY

MS

STATE

39464

ZIP CODE

Title or Position

Assistant Treasurer

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.

Regions Bank

Mailing Address

1415 West 5th Street

Laurel

CITY

MS

STATE

39440

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

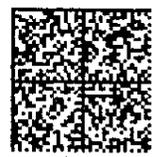
STATE

ZIP CODE

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Washington, DC 20013-7578



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NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
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 \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
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USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
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USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS \_\_\_\_\_

UPS \_\_\_\_\_

DHL \_\_\_\_\_

AIRBORNE EXPRESS \_\_\_\_\_

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

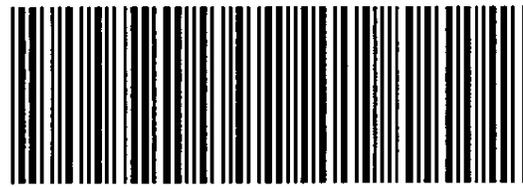
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **10/22/13**

13020495242



13020495243