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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4MS

Mississippi Bankers Association
Political Action Committee Federal Fund

ADDRESS (number and street) ▼ 640 North State Street
(Check if address is changed) P.O. Box 1091

Jackson | MS | 39215 -
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
cdriskellamsbankers.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
www.msbankers.com

COMMITTEE'S FAX NUMBER
601 - 948 - 6175

2. DATE 01 29 2007

3. FEC IDENTIFICATION NUMBER ▶ C 00106716

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 L. Chad Driskell

Signature of Treasurer Date 01 29 2007

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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