STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. NAME OF COMMITTEE IN FULL	☐ (Check if name is changed)	2. DATE
THE SENATE VICTORY FUND		AUGUST 22, 1997
Number and Street Address: P. O. Box 7274	☒ (Check if address is changed)	3. FEC Identification Number: C00202861
City, State and ZIP Code: Tupelo, MS 38802		4. Is This Report An Amendment? ☒ YES ☐ NO

SECRETARY OF THE SENATE
97 AUG 22 PM 2:18
H.D.

5. TYPE OF COMMITTEE (Check one)

☐ (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	Candidate Party Affiliation	Office Sought	State/District
THAD COCHRAN	REPUBLICAN	U.S. SENATE	MS

☐ (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

☐ (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democrats, 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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

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	Mailing Address	Title or Position

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	Mailing Address	Title or Position
JOHN M. ROBINSON	P.O. BOX 7274 TUPELO, MS 38802	TREASURER
TOLLIE WHITE	P.O. BOX 7274 TUPELO, MS 38802	ASSISTANT TREASURER

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.	Mailing Address and ZIP Code

I hereby have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

OR PRINT NAME OF CANDIDATE	SIGNATURE OF CANDIDATE	DATE
THAD COCHRAN	Thad Cochran	AUGUST 22, 1997

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530

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FEC FORM 1