Г		RECEIVED					
FEC	STATEMENT OF ORGANIZATION	2013 AUG 20 AM 11:41					
FORM 1		FEGNEMAUNICENTER					
1. NAME OF COMMITTEE (ir	a full) (Check if name Example: If typing, type over the lines.	12FE4M5					
Tailgate20	13						
ADDRESS (number a							
(Check if a							
is changed)		MS 38802					
	СІТҮ	STATE ZIP CODE					
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-mail address)						
(Check if	address poreazeale@bsoltd.com						
is change							
COMMITTEE'S WEB	PAGE ADDRESS (URL)						
(Check if		<u></u>					
is change	d)						
2. DATE 08	31 / 14° 1 / 2013	. .					
3. FEC IDENTIFICATION NUMBER							
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 Paul V. Breazeale							
Signature of Treasurer Saund Date 08 (14°) (2013)							
NOTE: Submission of	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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L	Office Use Only			For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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•	F	EC Fo	rm 1 (Revised 02/2009) Page 2			
5.	TYPE OF COMMITTEE					
	Cane	didate	ate 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 Candi					
	Candi Party	idate Affiliatio	on Office State State District			
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name Candi					
	Part	у Соп	imittee:			
	(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.			
	Polit	tical A	ction Committee (PAC):			
	(e)	Π	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 Lebbyiat/Registrant PAC.			
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
	Joint	t Fund	Iraising 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.				
		2.	Andy Barr for Congress, Inc. FEC ID number C 00467571			
		3.	FEC ID number			
		4.				

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	FEC Form 1 (Revised		Page 3
W	rite or Type Committee Name		
	ailgate2013		
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership I	PAC Sponsor
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Ľ			
	Mailing Address		
		CITY STATE ZIP	CODE
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leaders	hip PAC Sponsor
7.	books and records.	ntify by name, address (phone number optional) and position of the person in possess	ion of committee
	Full Name	/ Breazeale	
	Mailing Address	Post Office Box 80	
		Jackson [39205]	
	Title or Position	CITY STATE ZIP	CODE
	Treasurer		
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name a assistant treasurer).	and address of
	Full Name of Treasurer		
	Mailing Address	Post Office Bex 80	
		Lackson MS 39205 CITY STATE ZIP	
J	Title or Position	Telephone number [601,] - [969,	<u>7440</u>
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FEC Form	n 1 (Revised 02/2009) Pa	490 4
Full Name of		
Designated Agent	Paul V Breazeale	
Mailing Address	Post Office Box 80	
	Jackson MS 39205 - CITY STATE ZIP COD	E
Title or Position	Telephone number 601	7440
D		
	Depositorles: List all banks or other depositories in which the committee deposits funds, holds account oxes or maintains funds.	ts, rents
	oxes or maintains funds.	ts, rents
safety deposit box	oxes or maintains funds. Depository, etc.	ts, rents
safety deposit bo	oxes or maintains funds.	ts, rents
safety deposit box Name of Bank, D	oxes or maintains funds. Depository, etc.	ts, rents
safety deposit box Name of Bank, D	oxes or maintains funds. Depository, etc. Community Bank of Mississippi	ts, rents
safety deposit box Name of Bank, D	Depository, etc. Community Bank of Mississippi [1317,North Gloster,	ts, rents
safety deposit box	oxes or maintains funds. Depository, etc. [1317_North_Gloster	
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safety deposit box Name of Bank, D Mailing Address	Depository, etc. Image: Community Bank of Mississippi Image: Ima	
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safety deposit box Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Image: Community Bank of Mississippi Image: Ima	

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Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
N	lext Business Day Delivery			
Received from House Records & Registration	Date of Receipt Office			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
JMIN	8/20/13			
PREPARER (8/2013)	DATE PREPARED			