FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
2012 MAY -9 AM 8:30
Office Use Only
FEC MAIL CENTER

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

FRIENDS OF DANNY BEDWELL

ADDRESS (number and street) 120 CHRISTOPHER ROAD

☐ (Check if address is changed)

COLUMBUS MS 39705-

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed) CHAIR@MSLP.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed) DANNYBEDWELL.COM

2. DATE 04 / 23 / 2012

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT ✗ 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 ROSS V. SCALISE

Signature of Treasurer Ross V Scalise Date 04 / 23 / 2012

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 02/2009)

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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: DANNY BEDWELL

Candidate Party Affiliation: LIB

Office Sought: [X] House [ ] Senate [ ] President

State: MS

District: 01

(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

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Write or Type Committee Name

FRIENDS OF DANNY BEDWELL

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

Mailing Address

CITY STATE ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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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: ROSS SCALISE

Mailing Address: 34 COUNTY ROAD 249

GLEN | MS | 38846

CITY STATE ZIP CODE

Title or Position: TREASURER

Telephone number: 662-643-5417

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: ROSS SCALISE

Mailing Address: 34 COUNTY ROAD 249

GLEN | MS | 38846

CITY STATE ZIP CODE

Title or Position: TREASURER

Telephone number: 662-643-5417

Full Name of Designated Agent: DANNY BEDWELL

Mailing Address: 120 CHRISTOPHER ROAD

COLUMBUS | MS | 39705 -
CITY | STATE | ZIP CODE

Title or Position: ASSISTANT TREASURER

Telephone number: 662 - 574 - 4996

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.

CITIZENS NATIONAL BANK

Mailing Address: P.O. BOX 911

MERIDIAN | MS | 39302 -
CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.

PAYPAL, INC

Mailing Address: 2211 NORTH FIRST ST.

SAN JOSE | CA | 95131 -
CITY | STATE | ZIP CODE

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Federal Election Commission
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KMP — PREPARER

5/7/12 — DATE PREPARED

(3/2005)

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