

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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

Friends of Joey Robinson

ADDRESS (number and street)

3552 Rivers Pointe

(Check if address is changed)

Biloxi

MS

39532

CITY

STATE

ZIP CODE

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

JoeyRobinsonforCongress@gmail.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

joeyrobinsonforcongress.com

(Check if address is changed)

2. DATE 03rd / 17th / 2014^y

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 Jamie M Robinson

Signature of Treasurer *Jamie Robinson*

Date 03rd / 17th / 2014^y

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 02/2009)

14031201513

Full Name of Designated Agent

Elizabeth Barnes

Mailing Address

3552 Rivers Pointe

Biloxi

CITY

MS

STATE

39564

ZIP CODE

Title or Position

Asst 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.

Hancock Bank

Mailing Address

One Hancock Plaza

Gulfport

CITY

MS

STATE

39501

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

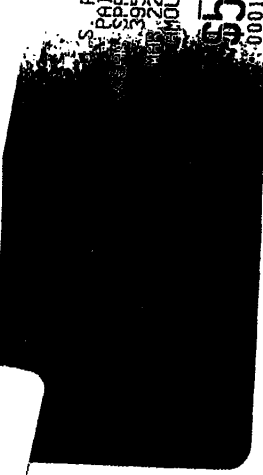
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