FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	
	(Occ management)	Office use only
NAME OF COMMITTEE (in fi	(Check if name Example: If typying, type is changed) Example: If typying, type over the lines	12FE4M5
MCMORAN EX	PLORATION CO. CITIZENSHIP COMMITTEE	
ADDRESS (number and st	rreet) 1615 Poydras Street	
(Chapte if addra	23rd Floor	
(Check if addre is changed)	New Orleans	LA 70112 -
COMMITTEE'S E-MAIL	CITY ▲	STATE▲ ZIP CODE ▲
hazel_zanca@f		
COMMITTEE'S WEB F	PAGE ADDRESS (URL)	
COMMITTEE'S FAX N	UMBER	
بنا لبنا		
2. DATE 0.5	7 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICAT	TION NUMBER C C00356089	
4. IS THIS STATEME	ENT X NEW (N) OR AMENDED	(A)
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, co	orrect and complete
Type or Print Name of T	reasurer Hazel Zanca	
Signature of Treasurer	Electronically Filed by Hazel Zanca	Date
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signing the ANY CHANGE IN INFORMATION SHOULD BE REPOR	,
Office Use Only FE3AN042.PDF	For further inform Federal Election C Toll Free 800-424- Local 202-694-110	ommission FEC FORM 1 -9530 (Revised 02/2003)

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5.	TYPE OF CO	MMITTEE (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 information below.)	e candidate
	Name of Candidate		
	Candidate Party Affiliatio	Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d) X	This committee is a (National, State (or subordinate) committee of the	(Democratic, 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 committee.	d fund or party
6.	Name of Any	Connected Organization or Affiliated Committee	
L	McMoRan I	Exploration Co.	
L			
	Mailing Addre	1615 Poydras Street	
		New Orleans LA	70112
		CITY ≜ STATE ≜	ZIP CODE
	Relationship	Connected	
	Type of Conn	ected Organization:	
	X Corp	oration Corporation w/o Capital Stock Labor Organi	zation
	Men	abership Organization Trade Association Cooperative	

FFC Form 1	(Revised 02/2003)

Write or Type Committee Name

MCMORAN EXPLORATION	ON CO. CITIZENSHIP COMMITTEE										
 Custodian of Records: Ider possession of Committee b 	ntify by name, address, (phone numb books and records.	er optional), and position of th	ne person in								
Full Name											
ag , carees											
Title or Position ♥	CITY A	STATE	ZIP CODE A								
		Telephone number									
8. Treasurer: List the name a name and address of any o	and address (phone number option designated agent (e.g., assistant trea	al) of the treasurer of the commissurer).	ittee; and the								
Full Name of Treasurer Hazel Za	anca										
Mailing Address	1615 Poydras Street										
	New Orleans	LA	70112								
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A								
Treasurer		Telephone number									
Full Name of Designated Agent											
Mailing Address											
Title or Position ▼	CITY A	STATE A	ZIP CODE A								
		Telephone number									

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