STATEMENT OF ORGANIZATION

(See reverse side for Instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed) Trent Lott for Mississippi	2. DATE 4/20/2000
(b) Number and Street Address ☐ (Check if address is changed) P.O. Box 22824	3. FEC Identification Number C00219220
(c) City, State and ZIP Code Jackson, MS 39225	4. Is This Report An Amendment? ☒ YES ☐ NO

SECRETARY OF THE SENATE
00 APR 24 AM 9:42
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

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

☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

☐ (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
W/H 2000 Committee	P.O. Box 75103 Washington, DC 20013	Joint Fundraising Representative

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

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
First Union Bank	1970 Chain Bridge Road McLean, VA 22102

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	SIGNATURE OF TREASURER	DATE
George A. Schlegel	G A Schlegel	4-20-00

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
Local 202-694-1100

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FEC FORM 1
(revised 4/87)

GARY SISCO
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

Hart Building
Suite 232
Washington, DC 20510-7116
Phone: 202-224-6322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

_____ **HAND DELIVERED** _____
Date of Receipt

_____ **FAX (48-HOUR NOTICES)** _____
Date of Receipt

_____ **INSIDE MAIL** _____
Date of Receipt

_____ **RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER** _____
Date of Receipt

_____ **RECEIVED FROM THE FEDERAL ELECTION COMMISSION** _____
Date of Receipt

_____ **FIRST CLASS MAIL** _____
Postmarked

✓ **REGISTERED/CERTIFIED MAIL** 4/21/00
Postmarked

_____ **NO POSTMARK** _____ **POSTMARK ILLEGIBLE**

_____ **OTHER (Specify):** _____
_____ **AIRBORNE EXPRESS**
_____ **EXPRESS MAIL**
_____ **FEDERAL EXPRESS**
_____ **UPS**
_____
Postmark and/or Date of Receipt

RD 4/24/00
Preparer **Date Prepared**