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Office Use Only

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

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

RESPONSIBILITY AND FREEDOM WORK PAC (RFWPAC)

ADDRESS (number and street) ▼ P.O. BOX 196

(Check if address is changed)

TUPELO MS 38802-0196

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jnail@nmcpa.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 08 27 2001

3. **FEC IDENTIFICATION NUMBER ▶** C

4. IS THIS STATEMENT X 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 JOHN P. NAIL

Signature of Treasurer [signature] Date 08 27 2001

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 1/01)

FE1AN048.PDF

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: House Senate President State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

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

(e) This committee is a separate segregated fund.

(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

RESPONSIBILITY AND FREEDOM WORK PAC (RFWPAC)

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: JOHN P NAIL

Mailing Address: P O BOX 196

TUPELO MS 38802-0196

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number 662-842-6475

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: JOHN P NAIL

Mailing Address: P O BOX 196

TUPELO MS 38802-0196

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number 662-842-6475

Full Name of Designated Agent

Mailing Address

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

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.

BANCORPSOUTH BANK

Mailing Address P O DRAWER 789

TUPELO MS 38802-0789

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

# ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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