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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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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