Image# 202408099666150096 FEC FORM 1	STATEMEN ORGANIZA			08/09/2024 08 : 42 PAGE 1 / 8
1. NAME OF	(Check if name	Example: If typing, type		e Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
Mississippi Democra	atic Party			
	PO Box 1583			
ADDRESS (number and street)				
(Check if address is changed)				
	Jackson		MS 39215	5
	CITY 🔺		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRES	S			
(Check if address is changed)	info@mississippidemocrats.or	rg		
	Optional Second E-Mail Addre			
COMMITTEE'S WEB PAGE ADD	RESS (URL)			
(Check if address is changed)	http://www.mississippidemocrats	s.org		
2. DATE 08 / 09	0 / Y Y Y Y 2024			
3. FEC IDENTIFICATION NU	MBER ► C COO	149641		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined this	s Statement and to the best of	my knowledge and belief it	is true, correct and c	omplete.
Type or Print Name of Treasurer	Summers, Zakiya, , Rep.,			
Signature of Treasurer Summ	ers, Zakiya, , Rep.,		Date 08	09 / Y Y Y Y 2024
NOTE: Submission of false, erroned	ous, or incomplete information ma ANY CHANGE IN INFORMATIO			enalties of 52 U.S.C. §30109

L	Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)
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FEC Form 1 (Revised 03/2022)	Page 2
5. TYPE OF COMMITTEE:	
Candidate Committee:	
(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. (Com information below.)	nplete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Preside	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
(d) NZ This committee is a STA DEM	emocratic, publican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (H	lybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 2.

	FEC Form 1 (Revised	02/2009)																					Pag	ge 3	3		
٧	Vrite or Type Committee Name	9																									
	Mississippi Dem	ocratic Party																									
6.	Name of Any Connected C	Organization, Affiliated	d Co	mmi	ittee	, Jo	oint	t Fu	ındı	raisi	ng	Re	ore	ser	ntat	ive	, o	r L	ead	lers	shi	ρF	νAC	Sp	on	sor	
	Dollars for Democrat	ts																									
]
	Mailing Address	430 S Capitol St SE																									
		Suite 300																								<u> </u>	
		Washington																Ľ	200	03				- [_			

7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee

STATE **▲**

X Joint Fundraising Representative

ZIP CODE 🔺

Leadership PAC Sponsor

CITY

Affiliated Organization

books and records.

Connected Organization

Relationship:

Summers	, Zakiya, , Rep.,			
Mailing Address	PO Box 1583			
	Jackson		MS 39213	
	CITY A		STATE 🔺	ZIP CODE
Title or Position ▼				
Treasurer		Telephone r	umber	

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of 8. any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Summers, Zakiya, , Rep.,
Mailing Address	PO Box 1583
	Jackson MS 39213
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image:

FEC Form 1 (Revised 02	2/2	200	9)																				Pag	je 4	4		
Full Name of Designated Agent				1										1													
Mailing Address																											
	L																										
	L																							- [
							CI	TΥ								ST/	λΤΕ				Z	IP	со	DE			
Title or Position ▼																											
											Tel	epł	non	e n	uml	ber				 - [- [_			

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.

Hc	pe Credit Union		
Mailing Address	1748 University Blvd		
	Jackson	MS 39204	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depos	sitory, etc.		
We	ells Fargo Bank		
Mailing Address	2299 Lakeland Drive		
	Flowood	MS 39232	
		STATE A	ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

or(h).	Joint Fundraisin	g Participant:			
1. 🗋				FEC ID number	С
2.				FEC ID number	С
3.				FEC ID number	C
4.				FEC ID number	C
		Organization, Affiliated Committee,	Joint Fundra	ising Representativ	e, or Leadership PAC Sponsor
State	Party Victory Fu	INCI			
Ma	ailing Address	430 S Capitol St SE			
	-				
		Washington			20003
Re	lationship:				
	Connected	Organization	× Joint I	Fundraising Represent	ative Leadership PAC Sponsor
Designa	ted Agent: Identify	, by name, address (phone number -	optional)		
		by name, address (phone number –	optional)		
Full	Name	by name, address (phone number -	optional)		
Full		by name, address (phone number -	optional)		
Full	Name	¹ by name, address (phone number -	optional)		
Full	Name	by name, address (phone number -	optional)		
Full Maili	Name		optional)	└	 ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓
Full Maili	Name			L I I I I I I I I I I I I I I I I I I I	· · · · · · · · · · · · · · · · · · ·
Full Maili	Name				
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Full Maili TITI Banks o	Name			ephone Number	[[
Full Maili TITI Banks o safety de Name of	Name ng Address LE OR POSITION or Other Depositon eposit boxes or ma Bank, _ Hope F			ephone Number	[[
Full Maili TITI Banks o safety de Name of Deposito	Name ng Address LE OR POSITION or Other Depositon eposit boxes or ma Bank, _ Hope F			ephone Number	[[
Full Maili TITI Banks o safety de Name of Deposito	Name ng Address LE OR POSITION or Other Depositon eposit boxes or ma Bank, ry, etc			ephone Number	[[
Full Maili TITI Banks o safety de Name of Deposito	Name ng Address LE OR POSITION or Other Depositon eposit boxes or ma Bank, ry, etc			ephone Number	[[

CITY

STATE 🔺

ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

ZIP CODE

STATE **A**

1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
Name of Any Conne	cted Organization, Affiliated Comm	littee, Joint Fundr	aising Representativ	ve, or Leadership PAC Spons
Democratic Gras	sroots Victory Fund			
Mailing Address	430 S Capitol Street SE			
Maning / adress				
	Washington			20003
				ZIP CODE
	CITY	nmittee X Joint	STATE ▲	
Designated Agent: I		nmittee X Joint		
Con	nected Organization Affiliated Cor	nmittee X Joint		
Designated Agent: I	nected Organization Affiliated Cor	nmittee X Joint		
Designated Agent: I	nected Organization Affiliated Cor	nmittee X Joint		
Designated Agent: I	nected Organization Affiliated Cor	nmittee X Joint		
Con Designated Agent: In Full Name Mailing Address	Affiliated Cor	nmittee X Joint	Fundraising Represen	Itative Leadership PAC Spanne
Designated Agent: I	Affiliated Cor	nmittee X Joint		
Con Designated Agent: In Full Name Mailing Address	Affiliated Cor	nmittee X Joint	Fundraising Represen	Itative Leadership PAC Spanne

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

g)or(h). Joint Fundra	aising Participant:			
1.		FEC ID	number (
2.		FEC ID	number (
3.		FEC ID	number (
4.		FEC ID	number (
Name of Any Conney	cted Organization, Affiliated Committee, Jo	int Fundraising Ben	resentative	or Leadershin PAC Snonsor
	-			
Mailing Address	430 SOUTH CAPITOL STREET SE			
				20003
Relationship:	CITY 🔺		STATE 🔺	ZIP CODE
Designated Agent: Id	entify by name, address (phone number – op	otional)		
Designated Agent: Id	entify by name, address (phone number - op	ptional)		
	entify by name, address (phone number - o	otional)		
Full Name	entify by name, address (phone number - op	ptional)		
Full Name	entify by name, address (phone number - op	ptional)		
Full Name				
Full Name Mailing Address TITLE OR POSIT				
Full Name Mailing Address TITLE OR POSIT	TION V		mber	
Full Name Mailing Address TITLE OR POSIT			mber	
Full Name Mailing Address TITLE OR POSIT			mber	
Full Name Mailing Address TITLE OR POSIT Banks or Other Depo safety deposit boxes of Name of Bank, Tru	CITY ▲ C		mber	
Full Name Mailing Address TITLE OR POSIT Banks or Other Deporsafety deposit boxes of Name of Bank, Depository, etc.	CITY ▲ C		mber	

CITY

STATE **A**

ZIP CODE

Optional Supplemental Information of 8 for Lines 5(g) or (h), 6, 8 and/or 9 Page ____ FEC Form 1S (Revised 02/2017) 5(g) or (h). Joint Fundraising Participant: С FEC ID number 1. С FEC ID number 2. С FEC ID number 3. С FEC ID number 4. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 6. 1 1 Mailing Address Relationship: ZIP CODE CITY STATE Affiliated Committee Joint Fundraising Representative Connected Organization Leadership PAC Sponsor Designated Agent: Identify by name, address (phone number - optional) 8. Full Name 1 Mailing Address CITY STATE ZIP CODE TITLE OR POSITION V 1 1 1 Telephone Number

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents 9. safety deposit boxes or maintains funds.

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Name of Bank, Regions	s Bank		
Mailing Address	210 E Capitol St.		
	Jackson	MS	39201
	CITY A	STATE 🔺	ZIP CODE