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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Randy Wadkins 1605 Pierce Ave Ext ADDRESS (number and street) P.O.Box 2488 (Check if address is changed) Oxford 38655 MS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS randy.chemist@gmail.com (Check if address is changed) Optional Second E-Mail Address treasurer@wadkinsforcongress.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.wadkinsforcongress.com/ (Check if address is changed) DATE 2018 C00637660 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT 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. Threlkeld, Stephen, , Dr., Type or Print Name of Treasurer Threlkeld, Stephen, , Dr., [Electronically Filed] 04 23 2018 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

FF0 <b>F</b>	m 1 (Paying 02/2000)	Page 2		
TYPE OF C	CMMITTEF	Page 2		
	Committee:			
(a) <b>x</b>	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	Wadkins, Randy, Mack, Dr.,	<u> </u>		
Candidate Party Affiliation	on DEM Office Sought: X House Senate President	State MS District 01		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
Party Con		(Domocratic		
(d)	(National, State  This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
Political A	ction Committee (PAC):			
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 scommittee. (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.)			
Joint Fund	raising Representative:			
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political		
Com	mittees Participating in Joint Fundraiser			
1.	FEC ID number C			
2.	FEC ID number			
3.	FEC ID number			
4.				

FEC <b>Form 1</b> (Revi	ised 02/2009)	   Page <b>3</b>
Write or Type Committee		
Friends of Ra	andy Wadkins	
	eted Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
Mailing Address		
, and the second		
	CITY STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
books and records.	: Identify by name, address (phone number optional) and position of the person	in possession of committee
Threl	lkeld, Stephen, , Dr.,	
	125 Lakeway Dr.	
Mailing Address		
	Oxford MS 38	655
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 662	_ 380 1077
Treasurer: List the name any designated agent (6)	ne and address (phone number optional) of the treasurer of the committee; and t e.g., assistant treasurer).	he name and address of
Full Name Threll of Treasurer	keld, Stephen, , Dr.,	
Mailing Address	125 Lakeway Dr.	
		655
Title or Position	CITY STATE	ZIP CODE
	Telephone number	

FEC Form	<b>1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated	Wadkins, Randy, , ,	
Agent  Mailing Address	1605 Pierce Ave Ext	
walling Address		
	Oxford MS 38655	
	CITY STATE Z	ZIP CODE
Title or Position Asst. Treasurer		34 - 6868
safety deposit bo. Name of Bank, C	xes or maintains funds. Depository, etc.  BancorpSouth  1517 S. Lamar	
Mailing Address	517 S. Lailidi	
	Oxford MS 38655	
	CITY STATE 2	ZIP CODE
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY STATE 2	ZIP CODE