

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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2008 JAN 15 AM 8:26

Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

MCCULLOUGH FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 22



(Check if address  
is changed)

TUPELO

MS

38802

CITY ▲

STATE ▲

38802

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MCCULLOUGHFORCONGRESS@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

GLENN08.COM

COMMITTEE'S FAX NUMBER

662 - 680 - 1528

2. DATE

011 / 04 / 2008

3. FEC IDENTIFICATION NUMBER ▶

C

4. 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.

Type or Print Name of Treasurer

JOHN ROBINSON, CPA

Signature of Treasurer

Date

01 / 07 / 2008

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  
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Only

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

FEC FORM 1  
(Revised 02/2003)

28039590171

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 GLENN L. MCCULLOUGH, JR.

Candidate Party Affiliation REP Office Sought:  House  Senate  President State MS District 01

- (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)  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

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Write or Type Committee Name

**MCCULLOUGH FOR CONGRESS**

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 ROBINSON**

Mailing Address **P.O. BOX 709**

**TUPELO MS 38802**

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**TREASURER** Telephone number **662-680-1148**

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 ROBINSON**

Mailing Address **P.O. BOX 709**

**TUPELO MS 38802**

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**TREASURER** Telephone number **662-680-1148**

Full Name of Designated Agent **JOHN ROBINSON**

Mailing Address **P.O. BOX 709**

**TUPELO MS 38802**

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**TREASURER** Telephone number **662-680-1148**

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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.

**RENASANT BANK**

Mailing Address

**P.O. BOX 709**

**TUPELO**

**MS**

**38802**

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

**BANCORP SOUTH**

Mailing Address

**1 MISSISSIPPI PLAZA**

**TUPELO**

**MS**

**38802**

CITY ▲

STATE ▲

ZIP CODE ▲

28039590174

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked  
1/16/08

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

  
 PREPARER

1/15/08  
 DATE PREPARED

28039590175