## STATEMENT OF ORGANIZATION

(See instructions)
(Check if name
is changed) is changed)

Example: If typying, type
over the lines

Office use only

1. NAME OF
COMMITTEE (in full)
$\square$

Pickering For Congress $\qquad$
 COMMITTEE'S E-MAIL ADDRESS mrmslane@aol.com
 COMMITTEE'S WEB PAGE ADDRESS (URL)
$\mid$ | $\mid$ COMMITTEE'S FAX NUMBER

3. FEC IDENTIFICATION NUMBER
4. IS THIS STATEMENT X NEW (N)

## C00308577

OR $\quad \square$ 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_Danna S. Lane/Treasurer


NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

| Office <br> Use <br> Only |  |  | For further information contact: <br> Federal Election Commission <br> Toll Free 800-424-9530 <br> Local 202-694-1100 | FEC FORM 1 <br> (Revised 02/2003) |
| :---: | :--- | :--- | :--- | :--- | :--- | FE3AN042.PDF

5. TYPE OF COMMITTEE (Check One)
(a) This committee is a principal campaign committee. (Complete the candidate information below.)
(b) $\square$

This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

## Charles W. Chip Pickering, Jr.

| Candidate |  | Office |  |  |  |  | State | TN |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Party Affiliation | REP | Sough | x | House | Senate | President |  | 03 |

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

Name of
Candidate
(d)

This committee is a

| 1 |
| :---: |

(National, State (or subordinate) committee of the $\square$ (Democratic, Republican,etc.) Party.
(e) $\square$

This committee is a separate segregated fund
(f) $\square$

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


Write or Type Committee Name

## Pickering 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
Danna S. Lane

Mailing Address
8580 Beaverwood Drive

|  | Germantown | TN | 38138 |  |
| :---: | :---: | :---: | :---: | :---: |
| Title or Position $\nabla$ | CITY A | STATEA | ZIP CO |  |
| Treasurer |  | 901 | 737 | 8333 |

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 Danna S. Lane Mailing Address

8580 Beaverwood Drive

|  | Germantown | TN | 38138 - |
| :---: | :---: | :---: | :---: |
| Title or Position $\nabla$ | CITY A | STATEA | ZIP CODE A |
| Treasurer |  | ber 901 | 737 - 8333 |

Full Name of
Designated
Agent
Danna Lane

Mailing Address $\quad 8580$ Beaverwood Drive

|  | Germantown | TN | 38138 - |
| :---: | :---: | :---: | :---: |
| Title or Position $\boldsymbol{\nabla}$ | CITY A | STATEA | ZIP CODE A |
| Treasurer |  | er 901 | $737-8333$ |

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.

