

STATEMENT OF ORGANIZATION

(see reverse side for instructions)

1. (a) Name of Committee (in full) <input type="checkbox"/> Check if name or address is changed. <u>Mississippi Chemical Corporation Voluntary Involvement Political Action Committee</u>	2. Date <u>January 28, 1994</u>
(b) Address (Number and Street) <u>P. O. Box 388 - Hwy 49E</u>	3. FEC Identification Number
(c) City, State and ZIP Code <u>Yazoo City, MS 39194</u>	4. Is this an amended Statement? <input type="checkbox"/> YES <input type="checkbox"/> NO

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 | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
  - (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
  - (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 nor a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

If the registering political committee has identified a "connected organization" above, please indicate type of organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

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

Full Name	Mailing Address and ZIP Code	Title or Position

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	Mailing Address and ZIP Code	Title or Position
Mickey W. Crane	P. O. Box 388 Yazoo City, MS 39194 (601) 746-4131	Treasurer

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.	Mailing Address and ZIP Code
Bank of Yazoo City	Yazoo City, MS 39194
MCC Employees Federated Credit Union	P. O. Box 388, Yazoo City, MS 39194

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Mickey W. Crane		1/28/94
Type or Print Name of Treasurer	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.

For further information contact: Federal Election Commission, Toll Free 800-424-9530, Local 202-623-4668

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*Eric Smith*  
 PREPARER

*2/3/94*  
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