

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

Friends of Heather McTeer

ADDRESS (number and street)

Post Office Box 1835

 (Check if address
is changed)

Greenville

MS

38702

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

dextoney@msn.com

Optional Second E-Mail Address
dextoney@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

2. DATE

M M / D D / Y Y Y Y
01 / 01 / 2013

3. FEC IDENTIFICATION NUMBER ►

C C00495119

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 Dexter Toney

Signature of Treasurer

Dexter Toney

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 11 / 2013NOTE: 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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

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. (Complete the candidate information below.)

Name of Candidate

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Candidate Party Affiliation

1

**Office
Sought:**

House

□

Senate

1

President

State

MS

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

Name of
Candidate

11. *What is the primary purpose of the following sentence?*

Party Committee:

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its 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 segregated fund or party committee. (i.e., nonconnected committee)

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

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) 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.

(h) 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

1.	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>	FEC ID number	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>	C	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>
2.	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>	FEC ID number	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>	C	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>
3.	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>	FEC ID number	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>	C	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>
4.	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>	FEC ID number	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>	C	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>

Write or Type Committee Name

Friends of Heather McTeer

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY					STATE		ZIP CODE		

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

11. **What is the primary purpose of the *Journal of Clinical Endocrinology and Metabolism*?**

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

Full Name
of Treasurer

Dexter Toney

Mailing Address

115 County Rd. 401
Oxford MS 38655-115

Title or Position
Treasurer

Telephone number 662 - 715 - 8214

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

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.

Trustmark Bank

Post Office Box 1928

Mailing Address

Brandon

MS

39043

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE