

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

SECRETARY OF THE SENATE

07 DEC 13 PM 5:10
Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

THE MISSISSIPPI MAJORITY COMMITTEE

ADDRESS (number and street)

PO BOX 75103

(Check if address is changed)

WASHINGTON

DC

20013

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

rjentgens@nrsc.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2026754730

2. DATE

MM / DD / YYYY
12 / 13 / 2007

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

ROBERT JENTGENS

Signature of Treasurer

Date

MM / DD / YYYY
12 / 13 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

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

FEC FORM 1
(Revised 02/2003)

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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: House Senate President State District

- (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

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

 WASHINGTON DC 20002 -
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship JOINT FR PARTICIPANT _____

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

THE MISSISSIPPI MAJORITY COMMITTEE

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 **ROBERT JENTGENS**

Mailing Address **PO BOX 75103**

WASHINGTON DC 20013

Title or Position **TREASURER** CITY **WASHINGTON** STATE **DC** ZIP CODE **20013**

Telephone number **202 675 6000**

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 **ROBERT JENTGENS**

Mailing Address **PO BOX 75103**

WASHINGTON DC 20013

Title or Position **TREASURER** CITY **WASHINGTON** STATE **DC** ZIP CODE **20013**

Telephone number **202 675 6000**

Full Name of Designated Agent **TIM BEALL**

Mailing Address **PO BOX 75103**

WASHINGTON DC 20013

Title or Position **ASSISTANT TREASURER** CITY **WASHINGTON** STATE **DC** ZIP CODE **20013**

Telephone number **202 675 6000**

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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.

WACHOVIA

Mailing Address

1753 PINNACLE DRIVE

3RD FLOOR

MCLEAN

VA

22102 -

CITY Δ

STATE Δ

ZIP CODE Δ

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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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

MISSISSIPPI REPUBLICAN PARTY

Mailing Address

PO BOX 60

JACKSON

MS

39205

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

JOINT FR PARTICIPANT

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

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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

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
HAND DELIVERED TO SENATE 12/13/07

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

PREPARER

DATE PREPARED

(3/2005)

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