

FEC
FORM 1

STATEMENT OF ORGANIZATION

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SECRETARY OF THE SENATE PAGE 1/4
PUBLIC RECORDS

16 JUL 27 PM 12:54

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Crawford for Senate

ADDRESS (number and street) P.O. Box 2443
(Check if address is changed)
Covington LA 70434
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) mimi@crawfordforsenate.com
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 07 21 2016

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 Mimi Taylor

Signature of Treasurer Mimi Taylor Date 07 21 2016

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 06/2012)

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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 Donald L. Crawford Jr.

Candidate Party Affiliation REP Office Sought: House ☒ Senate President State LA District 00

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

Name of Candidate _____

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. | _____ | FEC ID number C |
| 2. | _____ | FEC ID number C |
| 3. | _____ | FEC ID number C |
| 4. | _____ | FEC ID number C |

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Write or Type Committee Name

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

NONE

Mailing Address

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

Mimi Taylor

Mailing Address

120 North Congress St.

Suite 300

Jackson

MS

39201

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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

Mimi Taylor

Mailing Address

120 North Congress St.

Suite 300

Jackson

MS

39201

Title or Position

CITY

STATE

ZIP CODE

Telephone number

201607270200324581
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Full Name of
Designated
Agent

Mailing Address

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.

Whitney Bank

Mailing Address

103 E 21st Ave

Covington

LA

70433

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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earthsmart

non-neutral
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Part # 158297Y-436 RIT2 EXP 09/17

SHIP DATE: 22 JUL 16
ACTWT: 0.50 LB
CRD: 006993874/SSFE1704
BILL CREDIT CARD

ORIGIN 10:BXAA (504) 258-2205
CRAWFORD FOR SENATE
418 E 2ND AVE
COVINGTON, LA 70433
UNITED STATES US

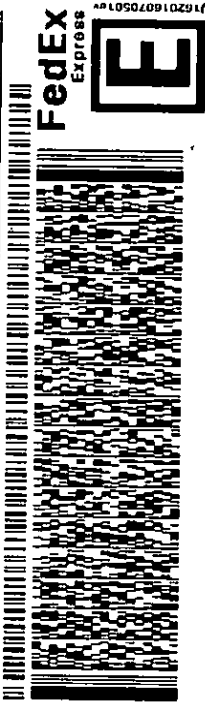
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WASHINGTON DC 20510

(990) 899-8999
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United States Senate

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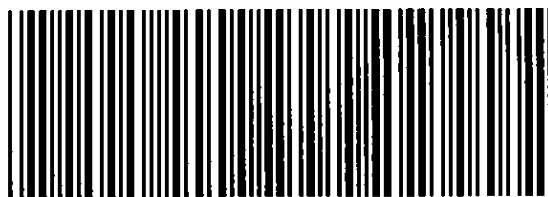
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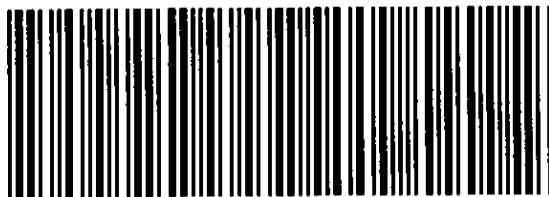
PREPARER **DH** DATE PREPARED **7-22-16**

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