

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

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

12FE4M5

TEGERDINE FOR CONGRESS COMMITTEE

ADDRESS (number and street)

20 Tee Time Dr

☒(Check if address
is changed)

PETAL

MS

39465

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐(Check if address
is changed)

tegerdineforcongress@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

2. DATE

M M
03/ D D
09/ Y Y Y Y
2011

3. FEC IDENTIFICATION NUMBER

C C00463380

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

Ryan Chennault

Signature of Treasurer

Electronically Filed by Ryan Chennault

Date

M M
03/ D D
09/ Y Y Y Y
2011

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2009)

5. TYPE OF COMMITTEE (Check One)

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

JOSEPH (JOE) DANIEL TEGERDINE

Candidate
Party Affiliation

REP

Office
Sought:☒

House

☐

Senate

☐

President

State

MS

District

04

- (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

Write or Type Committee Name

TEGERDINE FOR CONGRESS COMMITTEE**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****TEGERDINE FOR CONGRESS COMMITTEE**

Mailing Address

20 Tee Time Dr**PETAL****MS****39465****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

Kerry Tegerdine

Mailing Address

20 Pinnacle Point**Petal****MS****39465**

Title or Position ▼

CITY ▲**STATE ▲****ZIP CODE ▲****Custodian of Records**

Telephone number

601**543****0604****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

Ryan Chennault

Mailing Address

20 Tee Time Dr**Petal****MS****39465**

Title or Position ▼

CITY ▲**STATE ▲****ZIP CODE ▲****Treasurer**

Telephone number

601**990****7737**

Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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

Mailing Address

117 South Main Street

Petal

MS

39465

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲