

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

2018 MAY 29 AM 11:48

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

O m e r i a S c o t t f o r U . S . S e n a t e

ADDRESS (number and street)

6 1 5 E a s t 1 9 t h S t r e e t

(Check if address is changed)

L a u r e l CITY ▲

M S STATE ▲

3 9 4 4 0 - ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

O m e r i a s c o t t @ h o t m a i l . c o m

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

0 5 / 2 4 / 2 0 1 8

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 Omeria Lane Scott

Signature of Treasurer

Omeria Lane Scott

Date

0 5 / 2 4 / 2 0 1 8

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

FEC FORM 1 (Revised 06/2012)

201805290200392771

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 O m e r i a L a n e S c o t t

Candidate Party Affiliation **DEM** Office Sought:  House  Senate  President State **MS** District

- (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	<b>C</b> _____
2.	_____	FEC ID number	<b>C</b> _____
3.	_____	FEC ID number	<b>C</b> _____
4.	_____	FEC ID number	<b>C</b> _____

201805290200392772

Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

O m e r i a L a n e S c o t t

Mailing Address

6 1 5 E a s t 1 9 t h S t r e e t

[Empty grid lines for address continuation]

L a u r e l M S 3 9 4 4 0

Title or Position

CITY

STATE

ZIP CODE

[Empty grid lines for title or position]

Telephone number

6 0 1 - 4 9 8 - 0 8 7 9

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

[Empty grid lines for treasurer name]

Mailing Address

[Empty grid lines for treasurer address]

[Empty grid lines for treasurer address continuation]

[Empty grid lines for treasurer address continuation]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid lines for treasurer title or position]

Telephone number

[Empty grid lines for treasurer telephone number]

201805290200392773

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

Regions Bank

Mailing Address

Highway 84

[Empty grid for Mailing Address line 2]

Laurel MS 39440

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

201805290200392774

5(g) or (h). **Joint Fundraising Participant:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

\_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

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. \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

201805290200392775

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PHONE (601) 478-0879

Omerie Scott  
715 East 14th St  
Laurel MS 39440

**PAYMENT BY ACCOUNT (if applicable)**

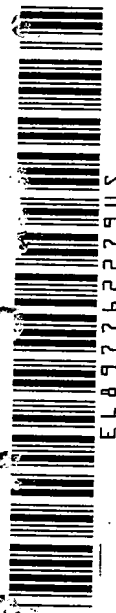
**DELIVERY OPTIONS (Customer Use Only)**

- SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If this box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- No Saturday Delivery (delivered next business day)
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- 10:30 AM Delivery Required (additional fee, where available)
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205 571 0111

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Date Accepted (MM/DD/YY)	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 10:30 AM <input type="checkbox"/> NOON	Insurance Fee	COD Fee
Time Accepted	Special Handling/Fragility Premium Fee	Return Receipt Fee	Live Animal Transportation Fee
Weight lbs. ozs.	Flat Rate	Special Handling/Fragility Premium Fee	
Weight lbs. ozs.	Acceptance Employee Initials		
<b>DELIVERY (POSTAL SERVICE USE ONLY)</b>		Employee Signature	
Delivery Attempt (MM/DD/YY) Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Delivery Attempt (MM/DD/YY) Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Employee Signature		Employee Signature	

LABEL 11-8, OCTOBER 2018 PSN 7650-02-000-9898

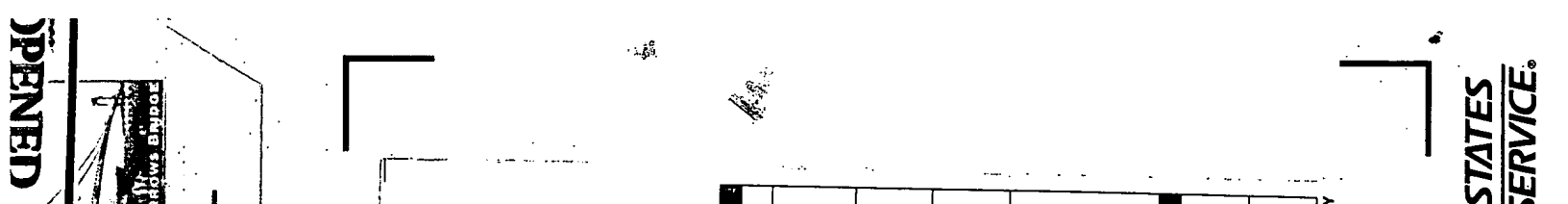
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# United States Senate

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OFFICE OF PUBLIC RECORDS

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Postmark

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Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

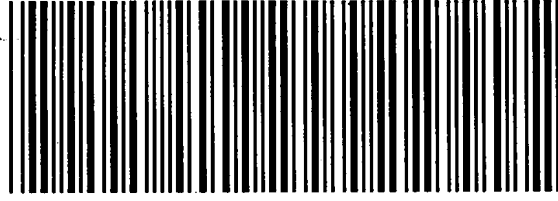
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

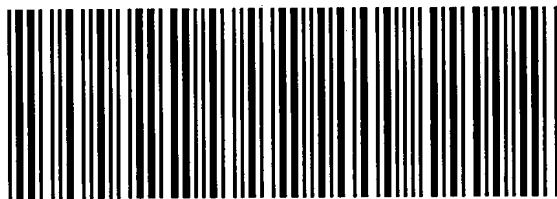
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER BP DATE PREPARED 5/29/18

201805290200392777



SEN PATCH



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20180529020039278