

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5
~~THE MARY TAYLOR SHELBY~~ *Committee for Mary Taylor Shelby*
Mary D Wright

ADDRESS (number and street) P. O. BOX 334
(Check if address is changed)
OLIVE BRANCH MS 38654
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
(Check if address is changed) morevotes4joebiden@gmail.com ✓
Optional Second E-Mail Address
rosamwright@yahoo.com ✓

COMMITTEE'S WEB PAGE ADDRESS (URL)
(Check if address is changed)

2. DATE 03 13 2020

3. FEC IDENTIFICATION NUMBER ►

000742098 / FEC-1389594

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 WRIGHT, MARY...

Signature of Treasurer *WRIGHT, MARY...* Date 03 13 2020

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.

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

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

This committee is a principal campaign committee. (Complete the candidate information below.)

(b)

X

This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
Candidate

Wright, Mary, , ,

Candidate

Party Affiliation

IND

Office

Sought:

House

X

Senate

President

State

MS

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

Write or Type Committee Name

TWO MARY TAYLOR SHELBY

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 **WRIGHT, MARY, . . .**Mailing Address **P. O. BOX 334****OLIVE BRANCH****MS****38654**

Title or Position

CITY

STATE

ZIP CODE

TREASURERTelephone number **901 530 4073**

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 **WRIGHT, MARY, . . .**Mailing Address **P. O. BOX 334****OLIVE BRANCH****MS****38654**Title or Position
TREASURER

CITY

STATE

ZIP CODE

Telephone number **901 530 4073**

Full Name of
Designated
Agent

Carter, Brenda...

Mailing Address

1006 Pleasant Hill Road

Nesbit

MS

38651

CITY

STATE

ZIP CODE

Title or Position
Agent

Telephone number

901

493

2927

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

Mailing Address

8975 East Goodman Road

Olive Branch

MS

38654

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

fedex

Express

RT 723
FZ

15:00
03:17
7400

ORIGIN ID: HKAA (901) 530-4073
MARY WRIGHT
9142 LAUREL HL W
OLIVE BRANCH, MS 38654
UNITED STATES US

SHIP DATE: 16MAR20
ACTWGT: 0.30 LB
CAD: 6989988/SSF02021

Part # 156297-435 RADB EXP 02/21

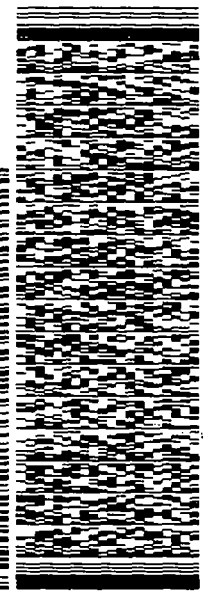
TO FEDERAL ELECTION COMMISSION
FEDERAL ELECTION COMMISSION
1050 FIRST ST NE

WASHINGTON DC 20463

REF: (000) 000-0000
INVT: PG1



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PREPARER <i>SPM</i>	7/6/20 DATE PREPARED