

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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FEC MAIL ROOM

2009 NOV -4 A 9: 20

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <b>JACKSON COUNTY DEMOCRATIC EXECUTIVE COMMITTEE FED. ACCT.</b>	2. DATE <b>10/30/09</b>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>P.O. BOX 38</b>	3. FEC Identification Number
(c) City, State and ZIP Code <b>PASCAGOULA, MS 39581</b>	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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	State/District

(c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee. (name of candidate)

(d) This committee is a SUBORDINATE committee of the DEMOCRATIC Party. (National, State or subordinate) (Democratic, Republican, etc.)

(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 a party committee.

B. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
THE DEMOCRATIC PARTY OF THE STATE OF MISSISSIPPI	P.O. BOX 1583 JACKSON, MS 39215	AFFILIATED
JACKSON COUNTY DEMOCRATIC EXECUTIVE COMMITTEE	P.O. BOX 38 PASCAGOULA, MS 39581	AFFILIATED

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

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	Mailing Address	Title or Position
STATE STALLWORTH	5912 YAUPON MOSS POINT, MS 39563	TREASURER

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	Mailing Address	Title or Position
STATE STALLWORTH	5912 YAUPON MOSS POINT, MS 39563	TREASURER

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 and ZIP Code
MERCHANT & MARINE BANK	P.O. BOX 729 PASCAGOULA, MS 39568-0729

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	SIGNATURE OF TREASURER	DATE
STATE STALLWORTH	<i>State Stallworth</i>	10/31/09

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.

