

**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
Irby Political Action Committee (Stuart C. Irby Company)

ADDRESS (Number and street) (Check if address is changed)
P.O. Box 1819
Jackson MS 39215 - 1819
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
waring@irby.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
6019607377

2. DATE 05 / 02 / 2005

3. FEC IDENTIFICATION NUMBER **C C00104364**

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 Mr. Andrew J. Waring

Signature of Treasurer Electronically Filed by Mr. Andrew J. Waring Date 05 / 03 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

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

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

Stuart C. Irby Co. _____

Mailing Address _____ P.O. Box 1819 _____

Jackson _____ MS _____ 39215 - 1819 _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____ Connected Organization _____

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

Irby Political Action Committee (Stuart G. Irby Company)

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 Mr. Andrew J. Waring

Mailing Address P.O. Box 1819

Jackson MS 39215 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 601 - 960 - 7216

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 Mr. Andrew J. Waring

Mailing Address P.O. Box 1819

Jackson MS 39215 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 601 - 960 - 7216

Full Name of Designated Agent Mr. STUART MIRBY

Mailing Address P O BOX 1819

JACKSON MS 39215 - 1819

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

SUBCOMMITTEE Telephone number 601 - 960 - 7240

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.

AMSOUTH BANK

Mailing Address

P O BOX 1200

JACKSON

MS

39215 - 1200

CITY Δ

STATE Δ

ZIP CODE Δ