

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

SECRETARY OF THE SENATE

14 OCT -2 PM 1:54

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

FRIENDS OF CHRIS MCDANIEL

ADDRESS (number and street)

PO BOX 125

(Check if address is changed)

LAUREL

CITY

MS

STATE

39441-1025

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

MELANIE@MCDANIEL2014.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 09 25 2014

3. FEC IDENTIFICATION NUMBER 00550657

4. IS THIS STATEMENT NEW (N) OR X 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 Melanie Sojourner

Signature of Treasurer

Melanie Sojourner

Date

09 25 2014

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  
Only

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

FEC FORM 1  
(Revised 06/2012)

14020734901

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 \_\_\_\_\_

Candidate Party Affiliation **REP** 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 C
- 2. \_\_\_\_\_ FEC ID number C
- 3. \_\_\_\_\_ FEC ID number C
- 4. \_\_\_\_\_ FEC ID number C

14020734902

Write or Type Committee Name

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

[Empty grid line]

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

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

MELANIE SOJOURNER

Mailing Address

438 UPPER KINGSTON ROAD

[Empty grid line]

NATCHEZ MS 39120-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

601-334-6729

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

MELANIE SOJOURNER

Mailing Address

438 UPPER KINGSTON ROAD

[Empty grid line]

NATCHEZ MS 39120-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

601-334-6729

14020734903

Full Name of Designated Agent \_\_\_\_\_

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

CITY STATE ZIP CODE

Title or Position \_\_\_\_\_ 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 11415 WEST 5TH STREET  
 \_\_\_\_\_  
 LAUREL MS 39440-  
 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

CHAIN BRIDGE BANK

Mailing Address 11445-A LAUGHLIN AVE  
 \_\_\_\_\_  
 MCLEAN VA 22101-5232  
 CITY STATE ZIP CODE

14020734904

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0653  
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13-098592  
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9/29/14

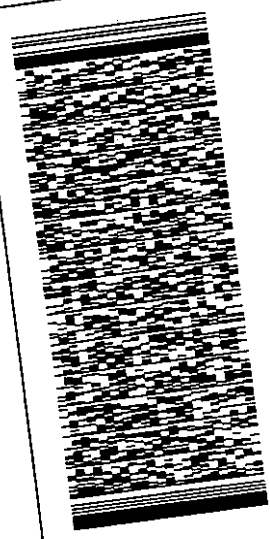
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NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT  
HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

# United States Senate

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AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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