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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Boyce Adams for Congress 427 Main Street ADDRESS (number and street) (Check if address is changed) Columbus 39701 MS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@boyceadams.com (Check if address is changed) Optional Second E-Mail Address kate@aspectcompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.boyceadams.com (Check if address is changed) DATE 2015 C00574079 FEC IDENTIFICATION NUMBER > 3. X 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. Scott Perkins Type or Print Name of Treasurer Scott Perkins [Electronically Filed] 03 13 2015 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

_		4 (During 1 00 (0000)	Day 0			
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TYPE OF COMMITTEE Candidate Committee:						
(a)	X	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. (Complet information below.)	e the candidate			
Name of Candidate		Boyce Adams				
Candi Party	date Affiliati	on REP Office Sought: X House Senate President	State MS District 01			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candi						
Party	Party Committee:					
(d)		· · · · · · · · · · · · · · · · · · ·	mocratic, publican, 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	abor Organization			
		Membership Organization Trade Association C	ooperative			
		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	Fund	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political			
	Com	committees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				

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Write or Type Committee Name		
Boyce Adams for	or Congress	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
NONE Mailing Address Relationship: Connected	CITY STATE Organization Affiliated Committee Joint Fundraising Representative	ZIP CODE Leadership PAC Sponsor
Custodian of Records: Ident books and records. Scott Perkii	tify by name, address (phone number optional) and position of the person ins	in possession of committee
Mailing Address	427 Main Street Columbus MS 39	701
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 662	- 352 - 8247
3. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	ne name and address of
Full Name of Treasurer Mailing Address	Later Main Street Columbus CITY STATE	701
Title or Position Treasurer	Telephone number 662	- 352 - 8247

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Full Name of Designated Agent	Kate Lind					
Mailing Address	8401 Excelsior Drive					
-	Suite 103					
	Madison WI 53717 CITY STATE ZI	P CODE				
Title or Position Assistant Treaso	urer 608 80'	7 1828				
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	710 Main Street					
	Columbus MS 39701					
	CITY STATE ZI	P CODE				
Name of Bank, [Depository, etc.					
	I	ı				
Mailing Address						
	CITY STATE ZI	P CODE				