

HAND DELIVERED

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
OFFICE OF RECORDS & REGISTRATION

1993 MAR 17 PM 4:59

1. (a) NAME OF COMMITTEE IN FULL (Check if name is changed)
 Mississippi Unity Fund '93

(b) Number and Street Address (Check if address is changed)
 P.O. Box 2884

(c) City, State and ZIP Code
 Washington, D.C. 20013-2884

2. DATE
 OFFICE OF THE CLERK
 #3. HOUR: 155430
 1993

4. IS THIS STATEMENT AN AMENDMENT?
 YES 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/Nominee in Mississippi Special Election	Candidate Party Affiliation Democratic	Office Sought House	State/District MS-02
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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 _____ committee of the _____ 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.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
1993 Democratic Special Election Fund	430 South Capitol Street, SE Washington, D.C. 20003	Joint fundraising committee

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
Leslie C. Francis	P.O. Box 2884 Washington, D.C. 20013	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
Leslie C. Francis	P.O. Box 2884 Washington, D.C. 20013	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
NationsBank of D.C.	1801 K Street, NW Washington, D.C. 20006

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 Leslie C. Francis	SIGNATURE OF TREASURER <i>Leslie C. Francis</i>	DATE 3/17/93
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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 202-376-3120

FEC FORM 1
 (revised 4/87)

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