

**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

MICAH FOUNDATION, THE

ADDRESS (Number and street)

7900 MS HWY 570W

(Check if address is changed)

PO DRAWER 1178

SUMMIT

MS

39666

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

info@micahfoundation.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.micahfoundation.org

2. DATE

10 / 17 / 2002

3. FEC IDENTIFICATION NUMBER

C00380667

4. IS THIS STATEMENT

X

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

Autumn Smith

Signature of Treasurer

Electronically Filed by Autumn Smith

Date

10 / 17 / 2002

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

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1110

FEC FORM 1
(Revised 1/2001)

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 | Office | | | | State |
| Party Affiliation | Sought: | House | Senate | President | District |

- (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

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

MICAH FOUNDATION, THE

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 David Smith

Mailing Address 7900 MS Hwy 570W
PO Drawer 1178
Summit MS 39666 -

Title or Position ▼ president CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 601 - 684 - 7771

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 Autumn Smith

Mailing Address 7900 MS Hwy 570W
PO Drawer 1178
Summit MS 39666 -

Title or Position ▼ treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 601 - 684 - 7771

Full Name of Designated Agent Autumn Smith

Mailing Address 7900 MS Hwy 570W
PO Drawer 1178
Summit MS 39666 -

Title or Position ▼ treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 601 - 684 - 7771

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.

Pike County National Bank

Mailing Address

PO Box 1666

McComb

MS

39649 -

CITY Δ

STATE Δ

ZIP CODE Δ

Form/Schedule: F1 N
Transaction ID:

This is an amendment to the last report. There is no connected organization as stated on the last statement of organization