Only

STATEMENT OF

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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. Friends of David Sellers PO Box 15561 ADDRESS (number and street) (Check if address is changed) Hattiesburg 39404 MS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS FODSTreasurer2022@gmail.com (Check if address is changed) Optional Second E-Mail Address michaeInfoley@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) davidsellersms.com (Check if address is changed) DATE 30 2021 C00788265 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. Mann, Daniel, , , Type or Print Name of Treasurer Mann, Daniel,,, [Electronically Filed] 09 10 2021 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

Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
Can		e 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. (Con information below.)	nplete the candidate
Name Cand		Sellers, David, , ,	
Cand	idate	Office	State
Party	Affiliati	on DEM Sought: X House Senate President	District 04
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number C	
	4.		

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Write or Type Committee N		·
Friends of Da	avid Sellers	
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	e person in possession of committee
Mann Full Name	, Daniel, , ,	
Mailing Address	123 Ford Dr.	
•		
	Petal MS	39465
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	601 - 307 - 5236
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committed.g., assistant treasurer).	tee; and the name and address of
Full Name Mann, of Treasurer	, Daniel, , ,	
Mailing Address	123 Ford Dr.	
	Petal MS	39465
Title or Position	CITY STATE	ZIP CODE 601 307 5236
	Telephone number	

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Full Name of Designated Agent	Foley, Michael, , ,	
Mailing Address	109 N 19th Ave	
	Michael	
	Hattiesburg MS 39401	
	CITY STATE	ZIP CODE
Title or Position Campaign Direct		325 - 5714
	r Depositories: List all banks or other depositories in which the committee deposits funds, holoxes or maintains funds.	as accounts, rents
	poxes or maintains funds.	as accounts, rents
safety deposit be	Depository, etc.	as accounts, rents
safety deposit be	Depository, etc. Regions Bank	as accounts, rents
safety deposit be	Depository, etc. Regions Bank 1202 South 40th Avenue	ds accounts, rents
safety deposit be Name of Bank,	Depository, etc. Regions Bank 1202 South 40th Avenue	ds accounts, rents
safety deposit be Name of Bank,	Depository, etc. Regions Bank 1202 South 40th Avenue	ds accounts, rents
safety deposit be Name of Bank,	Depository, etc. Regions Bank 202 South 40th Avenue	as accounts, rents
safety deposit be Name of Bank,	Depository, etc. Regions Bank 202 South 40th Avenue Hattiesburg CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Regions Bank 202 South 40th Avenue Hattiesburg CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Regions Bank 202 South 40th Avenue Hattiesburg CITY STATE Depository, etc.	
Safety deposit be Name of Bank, Mailing Address	Depository, etc. Regions Bank 202 South 40th Avenue Hattiesburg CITY STATE Depository, etc.	
Safety deposit be Name of Bank, Mailing Address	Depository, etc. Regions Bank 202 South 40th Avenue Hattiesburg CITY STATE Depository, etc.	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraising	Participant:			
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
lame of Any Connected (Organization, Affiliated Co	nmittee, Joint Fundra	aising Representativ	ve, or Leadership PAC Spon
Mailing Address				
Relationship:	CI	ΓΥ 🛦	STATE A	ZIP CODE A
	Organization Affiliated of Aff		Fundraising Represen	tative Leadership PAC Sp
	by name, address (phone r		Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identify Sellers, Da	by name, address (phone r		Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identify Sellers, Da Full Name	by name, address (phone ravid, , ,		Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identify Sellers, Da Full Name	by name, address (phone ravid, , ,		Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identify Sellers, Da Full Name	by name, address (phone ravid, , , and address (phone ravid, , , and address (phone ravid, , , and address (phone ravid, , ,) and address (phone ravid, , ,) and address (phone ravid, ,) and address (phone ravid,) and addre	number – optional)		
esignated Agent: Identify Sellers, Da Full Name Mailing Address	by name, address (phone ravid, , , and address (phone ravid, , , and address (phone ravid, , , and address (phone ravid, , ,) and address (phone ravid, , ,) and address (phone ravid, ,) and address (phone ravid,) and addre	number – optional)	MS	39402
esignated Agent: Identify Sellers, Da Full Name Mailing Address	by name, address (phone ravid, , , and address (phone ravid, , , and address (phone ravid, , , and address (phone ravid, , ,) and address (phone ravid, , ,) and address (phone ravid, ,) and address (phone ravid,) and addre	number – optional)	MS STATE ▲	39402 ZIP CODE A
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esignated Agent: Identify Sellers, Da Full Name Mailing Address TITLE OR POSITION anks or Other Depositoria fety deposit boxes or mai	by name, address (phone ravid, , , and address) 3004 MESA DR HATTIESBURG CITY es: List all banks or other of	number – optional)	STATE ▲ lephone Number	39402 ZIP CODE A
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