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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

KETELSON FOR AMERICA

ADDRESS (number and street)

2817 CALAVERAS DRIVE

(Check if address
is changed)

FAIRFIELD

CA

94534-1704

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

TABOOT@SBCGLOBAL.NET

KETELSON4AMERICA@YAHOO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

K4A.NET

COMMITTEE'S FAX NUMBER

707-426-3678

2. DATE

10/14/2006

3. FEC IDENTIFICATION NUMBER ►

C

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

SHIRLEY L. KETELSON

Signature of Treasurer

Shirley L. Ketelson

Date

10/14/2006

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 02/2003)

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

JEFF KETELSON

Candidate

Party Affiliation

REP

Office Sought:

☒

House

Senate

President

State

CA

District

10

- (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

KETELSON FOR AMERICA

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 JEFFREY R. KETELSON JR.

Mailing Address 2817 CALAVERAS DRIVE

FAIRFIELD CA 94534-1704

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

CHIEF OF STAFF

Telephone number 707-426-3678

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 SHIRLEY G. KETELSON

Mailing Address 2817 CALAVERAS DRIVE

FAIRFIELD CA 94534-1704

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number 707-426-3678

Full Name of Designated Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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.

FIRST NORTHERN BANK

Mailing Address

1455 OLIVER DRIVE SUITE 150

FAIRFIELD

CA

94533

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked

Jnp

PREPARER

(3/2005)

10-23-06

DATE PREPARED