

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)(Check if name  
is changed)Example: If typing, type  
over the lines12FE4M5

Keller For Congress

ADDRESS (number and street)

P.O. Box 1453

(Check if address  
is changed)

Orlando

FL

32802

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

kellerforcongress@YAHOO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER  
407-447-09092. DATE 

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	0	8

3. FEC IDENTIFICATION NUMBER

C C00345090

4. 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

Type or Print Name of Treasurer

Cheryl Mills

Signature of Treasurer

Electronically Filed by Cheryl Mills

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	0	8

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC 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

**Richard A. Keller**

Candidate Party Affiliation

**REP**

Office Sought:

House

Senate

President

State

**FL**

District

**08**

(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

**ROMP 2008****228 S. Washington Street****Suite 115****Alexandria****VA****22314****CITY****STATE****ZIP CODE**

Relationship

**Joint Committee Representative**

Type of Connected Organization:

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

Write or Type Committee Name

**Keller For Congress**

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

**Cheryl Mills**

Mailing Address

**P.O. Box 1453****Orlando****FL****32802**

Title or Position ▼

**CITY ▲****STATE▲****ZIP CODE ▲****Treasurer****407****447****0905**

Telephone number \_\_\_\_\_

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**Cheryl Mills**

Mailing Address

**P.O. Box 1453****Orlando****FL****32802**

Title or Position ▼

**CITY ▲****STATE▲****ZIP CODE ▲****Treasurer****407****447****0905**

Telephone number \_\_\_\_\_

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.

**Suntrust Bank, Central Florida**

Mailing Address

**Suntrust Center Office, P.O. Box**

**Orlando**

**FL**

**32862**

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

Name of Bank, Depository, etc.

Mailing Address

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

**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.

[ ADDITIONAL ]

BB&T

Mailing Address

1909 K Street, NW

Washington

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

Mailing Address

CITY▲

STATE▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

**Designated Agent**

**[ ADDITIONAL ]**

Full Name

Mailing Address

  
  

Title or Position ▼

**CITY ▲**

**STATE▲**

**ZIP CODE ▲**

Telephone number

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**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.

[ ADDITIONAL ]

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Mailing Address

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CITY ▲

STATE ▲

ZIP CODE ▲

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Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

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Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

**Designated Agent**

**[ ADDITIONAL ]**

Full Name

Mailing Address

  
  

Title or Position ▼

**CITY ▲**

**STATE▲**

**ZIP CODE ▲**

Telephone number

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