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2010 MAR 29 AM 11:33



State of Tennessee
Department of State
Division of Elections
312 Rosa L Parks Avenue
Ninth Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243
Phone: (615) 741-7956 Fax: (615) 741-1278

February 25, 2010

Mr. Morris (Mo) Kiah
833 Fairmount Ave.
Signal Mountain, TN 37377

Dear Mr. Kiah:

This is to inform you that your petition was verified to have been signed by at least 25 registered voters. You have filed the necessary documents with this office to have your name placed on the November 2, 2010, ballot as an independent candidate for the office of U.S. House of Representatives for the 3rd congressional district. Absent any challenge to your qualifications to seek this office, your name will appear on the ballot.

If you have any questions, please do not hesitate to contact our office at (615) 741-7956.

Sincerely,

Mark K. Goins

Mark K. Goins
Coordinator of Elections

10030274204

Statement of Appointment of Treasurer, Assistant Treasurer and Custodian of Records for:
Committee to Elect Mo Kiah for Congress

March 18, 2010

During the minutes of the meeting of the Committee to elect Mo Kiah for Congress: (Hereinafter referred to as the "Committee")

On March 18, 2010 at 2:25 pm E.D.S.T.

I, Morris (Mo) F. Kiah *Morris F. Kiah* appoint myself as Treasurer of the Committee,

and appoint Linda J. Kiah *Linda J. Kiah* Assistant Treasurer and Custodian of Records of the Committee.

10030274205

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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

Committee to elect Mo Kiah for Congress

ADDRESS (number and street)

833 Fairmount Avenue

(Check if address
is changed)

Signal Mountain TN 37377-2440

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

electmo@comcast.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.electmo.com

2. DATE

03 / 19 / 2010

3. FEC IDENTIFICATION NUMBER

0

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

Morris F. Kiah

Signature of Treasurer

Date

03 / 19 / 2010

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				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

10030274206

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 MORRIS, (M.O.) F. Kiah

Candidate Party Affiliation Lib Office Sought: House Senate President State TN District 03

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

10030274207

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

[Empty address fields]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Linda Joyce Kiah

Mailing Address

833 Fairmount Avenue

[Empty address line]

Signal Mountain TN 37377-2440

Title or Position

CITY

STATE

ZIP CODE

Secretary

Telephone number 423-886-6034

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

Morris Fletcher Kiah

Mailing Address

833 Fairmount Avenue

[Empty address line]

Signal Mountain TN 37377-2440

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 423-886-6034

10030274208

Full Name of Designated Agent

Linda Joyce Kilah

Mailing Address

833 Fairmount Avenue

Signal Mountain TN 37377-2440

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

423-886-6034

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.

Citizens TRI-COUNTY BANK

Mailing Address

1306 Teft Highway

Signal Mountain TN 37377-

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030274209

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>ER</i> PREPARER (3/2005)	3/29/10 DATE PREPARED

10030274210