FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instruc	_	Office use only
NAME OF COMMITTEE (in	(Check if name full) is changed)	Example: If typying, type over the lines	12FE4M5
Kellam for Co	ngress		
		<u> </u>	
ADDRESS (number and	PO Box 56254		
X (Check if addr is changed)	ess Virginia Beach		VA 23456 -
001414777770 5 144	W ADDDESO	CITY▲	STATE▲ ZIP CODE ▲
committee's e-ma pkellam@cox.			,
, promanie som	<u> </u>		
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N 7573016958	IUMBER		
2. DATE M N 1 0	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
3. FEC IDENTIFICA	TION NUMBER	C C00417238	
4. IS THIS STATEM	NEW (N)	AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my	knowledge and belief it is true, correct	and complete
Type or Print Name of	Treasurer Rebecca Gran	di	
Signature of Treasurer	Electronically Filed by Rebecc	a Grandi	Date 10 / 23 / Y Y Y Y Y Y Y
NOTE: Submission of fa		may subject the person signing this St	atement to the penalties of 2 U.S.C. S437g.
Office Use Only		For further information Federal Election Commit Toll Free 800-424-9530	ssion FEC FORM 1

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5.	TYPE OF COM	MITTEE (Check One)			
	(a) X	This committee is a principal campaign committee. (Complete the candidate information be	elow.)		
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (information below.)	Complete the candidate		
	Name of Candidate	Philip J. Kellam			
	Candidate Party Affiliation	DEM Office X House Senate P	President State VA District 2		
	(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			
		This committee supports/opposes more than one Federal candidate, and is NOT a separate committee.	e segregated fund or party		
6.	Name of Any	Connected Organization or Affiliated Committee			
L					
L					
	Mailing Addres	s			
		1	. .		
		CITY ≜ STATE ♣	ZIP CODE 🛦		
	Relationship				
Type of Connected Organization:					
	Corpo	ration Corporation w/o Capital Stock La	abor Organization		
	_		Cooperative		
	_				

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Write or Type Con	nmittee Name						
Kellam for	Congress						
Custodian of l	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name	Rebecca Grandi						
Mailing Addres	<u> </u>	PO Box 56254					
		Virginia Beach	VA	23456			
Title or Position	n ∀	CITY A	STATE▲	ZIP CODE A			
	Political Director		Telephone number				
Full Name of Treasurer Mailing Addres	Rebecca Grandi	404 R 52nd Street					
		Virginia Beach		23451			
Title or Position	1 ♥	CITY A	STATE▲	ZIP CODE ▲			
			Telephone number 757	478 1258			
E.II.N.							
Full Name of Designated Agent							
Designated							
Designated Agent		CITY A	STATE A	ZIP CODE A			

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9.	, ,	s or maintains funds.	
	Name of Bank, Dep	ository, etc.	
		RBC Centura	
	Mailing Address	2422 Princess Anne Rd	
		Virginia Beach VA 23456	

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷