

**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

KISSELL FOR CONGRESS

ADDRESS (number and street)

P.O. Box 1530

(Check if address is changed)

Biscoe

NC

27209

CITY

STATE

ZIP CODE

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

(Check if address is changed)

info@larrykissell.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://www.larrykissell.com

2. DATE

03 / 01 / 2012

3. FEC IDENTIFICATION NUMBER

C C00433763

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 Walter Butch Ingram Jenkins

Signature of Treasurer

Walter Butch Ingram Jenkins

[Electronically Filed]

Date

03 / 01 / 2012

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 02/2009)

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 LARRY W KISSELL

Candidate Party Affiliation DEM REP IND OTH

Office Sought: House Senate President

State AL AK AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District 01 02 03 04 05 06 07 08 09

- (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 C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

KISSELL FOR CONGRESS

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

JARED POLIS VICTORY FUND 2012

Mailing Address

P.O. BOX 1174

SPRINGFIELD

CITY

VA

STATE

22151

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 Walter Butch Ingram Jenkins

Mailing Address c/o Thigpen & Jenkins

P.O. Box 1208

Biscoe

CITY

NC

STATE

27209

ZIP CODE

Treasurer

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 Walter Butch Ingram Jenkins

Mailing Address c/o Thigpen & Jenkins

P.O. Box 1208

Biscoe

CITY

NC

STATE

27209

ZIP CODE

Title or Position Treasurer

Telephone number

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

Fidelity Bank

[Empty grid for Fidelity Bank name]

Mailing Address

520 North Main Street

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

Biscoe

[Empty grid for Mailing Address line 3]

NC

[Empty grid for Mailing Address line 3]

27209

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Bank of America

[Empty grid for Bank of America name]

Mailing Address

730 15th Street NW

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

Washington

[Empty grid for Mailing Address line 3]

DC

[Empty grid for Mailing Address line 3]

20005

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE