

Image# 202310139597492444

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Tempest, Kellie, , ,		2. Candidate's FEC Identification Number H4AR02208
(b) Address (number and street) <input type="checkbox"/> Check if address changed 32201 Fireside Dr		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Temecula CA 92592		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate AR 02

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Kellie Tempest Ministries		
(b) Address (number and street) 27555 Ynez Rd Ste 110		
(c) City, State, and ZIP Code Temecula CA 92591		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Tempest, Kellie, , Miss,	Date 10/13/2023
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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