

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

KELLY FOR CONGRESS

ADDRESS (number and street) 5221-A CLIFF GOOKIN BLVD

(Check if address is changed)

TUPELO MS 38801 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) cnoble@atacpa.net

Optional Second E-Mail Address fpage@atacpa.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.kellyformississippi.com

2. DATE 05 / 23 / 2022

3. FEC IDENTIFICATION NUMBER C C00573980

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 PAGE, FRED H, , ,

Signature of Treasurer PAGE, FRED H, , , [Electronically Filed] Date 05 / 23 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 KELLY, JOHN TRENT, , ,

Candidate Party Affiliation REP Office Sought: House Senate President State MS District 01

- (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.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) 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.
- (j) 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. _____
2. _____

C _____
C _____

Write or Type Committee Name

KELLY FOR CONGRESS

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

GT FARM TEAM 2022

[Grid lines for organization name]

Mailing Address PO BOX 30844

[Grid lines for mailing address]

BETHESDA MD 20824

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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 PAGE, FRED H, , ,

Mailing Address 5221-A CLIFF GOOKIN BLVD

[Grid lines for mailing address]

TUPELO MS 38801

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number 662 - 842 - 1093

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 PAGE, FRED H, , ,

Mailing Address 5221-A CLIFF GOOKIN BLVD

[Grid lines for mailing address]

TUPELO MS 38801

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number 662 - 842 - 1093

Full Name of Designated Agent BALDWIN, MORGAN, , ,

Mailing Address POST OFFICE BOX 905
TUPELO MS 38802
CITY STATE ZIP CODE

Title or Position CONSULTANT Telephone number 662 871 4647

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.

BANCORP SOUTH

Mailing Address 1 MISSISSIPPI PLAZA
TUPELO MS 38804
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

WELLS FARGO BANK

Mailing Address 8302 WOODMONT AVENUE
BETHESDA MD 20814
CITY STATE ZIP CODE