PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) KELLY FOR CONGRESS POST OFFICE BOX 7092 ADDRESS (number and street) (Check if address is changed) **TUPELO** MS 38802 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS cnoble@atacpa.net (Check if address is changed) Optional Second E-Mail Address fpage@atacpa.net COMMITTEE'S WEB PAGE ADDRESS (URL) www.kellyformississippi.com (Check if address is changed) DATE 2022 C00573980 FEC IDENTIFICATION NUMBER > 3. X 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. PAGE, FRED H, , , Type or Print Name of Treasurer PAGE, FRED H,,, [Electronically Filed] 03 29 2023 Signature of Treasurer Date 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. **FEC FORM 1**

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

E	EC Form 1 (Revised 03/2022)	Page 2
	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 information below.)	candidate
	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.	District 01
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	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 Org	janization
	Membership Organization Trade Association Cooperation	ve .
	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 committee. (i.e., nonconnected committee)	fund or party
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	

I	FEC Form 1 (Revised 0)	2/2009)			Page 3
V	Vrite or Type Committee Name KELLY FOR CO	ONGRESS			
6.		rganization, Affiliated Committee,	Joint Fundraising Represe	ntative, or Leaders	ship PAC Sponsor
	OTTAKWITEAW 202				
	Mailing Address	PO BOX 30844			
		BETHESDA		MD 20824	-
		CITY ▲	ST	ATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	on X Joint Fundraising Re	epresentative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	ify by name, address (phone number	optional) and position of th	e person in possess	sion of committee
	PAGE, FRE	ED H, , ,			
	Full Name				
	Mailing Address	POST OFFICE BOX 7092			
		TUPELO		MS 38802	
		CITY ▲	ST	TATE ▲	ZIP CODE ▲
	Title or Position ▼				
	TREASURER		Telephone number	662 –	842 - 1093
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optiona assistant treasurer).	I) of the treasurer of the co	mmittee; and the na	ame and address of
	Full Name PAGE, FRE	ED H, , ,			
	of Treasurer				
	Mailing Address	POST OFFICE BOX 7092			
		TUPELO		MS 38802	
		CITY ▲	ST	ATE A	ZIP CODE ▲
	Title or Position ▼				
	TREASURER		Telephone number	662	842 - 1093

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Full Name of Designated	BALDWIN, MORGAN, , ,		
Agent Mailing Address	POST OFFICE BOX 905		
	TUPELO	MS	38802
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
CONSULTANT	Telephone	number	662 - 871 - 4647
	r Depositories: List all banks or other depositories in which the commoxes or maintains funds.	nittee deposits	funds, holds accounts, rents
Name of Bank,	Depository, etc.		
	BANCORP SOUTH		I
Mailing Address	1 MISSISSIPPI PLAZA		
	TUPELO	MS	38804
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank,	Depository, etc.		
	WELLS FARGO BANK		
Mailing Address	8302 WOODMONT AVENUE		
	BETHESDA CITY A	MD STATE ▲	20814 ZIP CODE ▲
	5 . =	- · · ·	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

h). Joint Fundraisi		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fundr JNDRAISING COMMITTEE	aising Representative	e, or Leadership PAC Spon
Mailing Address	POST OFFICE BOX 905		
	TUPELO	MS	38802
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee X Joint	Fundraising Represent	Leadership PAC S
	fy by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		Fundraising Represent	Leadership PAC S
esignated Agent: Identi		Fundraising Represent	Leadership PAC S
esignated Agent: Identi		Fundraising Representation	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A