

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
FEB 27 AM 7:53

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

KELLIE LYNN COLLINS - RUNNING FOR DISTRICT 10

ADDRESS (number and street)

6384 LINCOLN TON HWY

(Check if address  
is changed)

THOMSON

CITY ▲

GA

STATE ▲

30824

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

KOLLEINSKLL@AOL.COM

Optional Second E-Mail Address

KELLIELYNNCOLLINS@YAHOO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

WWW.FACEBOOK.COM/KELLIECOLLINSDIST  
RICT10

2. DATE

02 / 20 / 2017

3. FEC IDENTIFICATION NUMBER ►

C00631465

4. IS THIS STATEMENT

NEW (N)

OR

X

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

CURT CAIN

Signature of Treasurer

Date

02 / 20 / 2017

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.

Office  
Use  
Only

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

FEC FORM 1  
(Revised 06/2012)

## 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

KELLIE LYNN COLLINS

Candidate

Party Affiliation

DEM

Office

Sought:

☒

House

Senate

President

State

GA

District

10

- (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. | <input type="text"/> | FEC ID number | C |
| 2. | <input type="text"/> | FEC ID number | C |
| 3. | <input type="text"/> | FEC ID number | C |
| 4. | <input type="text"/> | FEC ID number | C |

2017-02-27-001426020

Write or Type Committee Name

Kellie Lynn Collins - Running For District 10

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

MOWE

Mailing Address

CITY

STATE

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

CURT CAIN

Mailing Address

3033 OLD POWDERHOUSE RD C4

AIKEN

SC

29803-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

803-443-8409

## 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

CURT CAIN

Mailing Address

3033 OLD POWDERHOUSE RD C4

AIKEN

SC

29803-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

803-443-8409

2017-02-27 03:00:42 PM

Full Name of  
Designated  
Agent

CLAYBORN THIGPEN

Mailing Address

2679 MESENA RD

THOMSON

CITY

GA

STATE

30824

ZIP CODE

Title or Position

CAMPAIGN MANAGER

Telephone number

706-832-1626

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.

REGIONS BANK

Mailing Address

300 WEST HILL ST

THOMSON

CITY

GA

STATE

30824

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

KLC  
6384 Lincoln Hwy  
Thomson, GA 30824

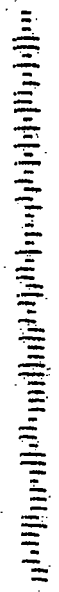
UNION

AUGUSTA GA 309

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Federal Election Commission  
999 E Street, NW  
WASHINGTON, DC 20463


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Federal Election Commission  
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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PREPARER  
(3/2015)

2/27/17  
DATE PREPARED