

**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

FRED KELLER FOR CONGRESS

ADDRESS (number and street)

PO Box 61893

☒ (Check if address is changed)

Harrisburg

CITY ▲

PA

STATE ▲

17106

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

JLJUKUS@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

WWW.FREDKELLERFORCONGRESS.COM

2. DATE

M M / D D / Y Y Y Y
11 / 19 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00697052

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 Jukus, Joel, , ,

Signature of Treasurer

Jukus, Joel, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
11 / 19 / 2021

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
OnlyFor 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

KELLER, FRED, , ,

Candidate
Party Affiliation

REP

Office
Sought:☒

House

☐

Senate

☐

President

State

PA

District

12

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

Write or Type Committee Name

FRED KELLER FOR CONGRESS**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Keller Victory Committee

Mailing Address

4031 Thicket Lane

Harrisburg

PA

17110

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

JUKUS, JOEL, , ,

Mailing Address

4031 THICKET LANE

HARRISBURG

PA

17110

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

717

395

1636

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

Jukus, Joel, , ,

Mailing Address

4031 THICKET LANE

HARRISBURG

PA

17110

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

717

395

1636

Full Name of
Designated
Agent

JUKUS, JOEL, , ,

Mailing Address

4031 THICKET LANE

HARRISBURG

CITY

PA

STATE

17110

ZIP CODE

Title or Position

TREASURER

Telephone number

717

395

1636

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.

SUSQUEHANNA COMMUNITY BANK

Mailing Address

2005 WEST MARKET STREET

LEWISBURG

CITY

PA

STATE

17837

ZIP CODE

Name of Bank, Depository, etc.

FIRST NATIONAL BANK OF PA

Mailing Address

3015 GLIMCHER BLVD

HERMITAGE

CITY

PA

STATE

16148

ZIP CODE

5(g) or (h). **Joint Fundraising Participant:**

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C

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

Securing Our Silvers PAC

Mailing Address

-

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼ 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.

Mailing Address

-

CITY ▲ STATE ▲ ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

Mailing Address

-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

-

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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, **Bank of America**Depository, etc.

Mailing Address

1801 K Street, NW

Washington **DC** **20006** -

CITY ▲ STATE ▲ ZIP CODE ▲