

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 JOINT FUNDRAISING COMMITTEE

ADDRESS (number and street) POST OFFICE BOX 905

(Check if address is changed)

TUPELO MS 38802 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

jacque@jacquesoileau.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 12 / 12 / 2022

3. FEC IDENTIFICATION NUMBER C C00828384

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 SOILEAU, JACQUE, , ,

Signature of Treasurer SOILEAU, JACQUE, , , [Electronically Filed] Date 12 / 12 / 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 _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (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. NRCC _____

2. KELLY FOR CONGRESS _____

C C00075820 _____

C C00573980 _____

Write or Type Committee Name

KELLY JOINT FUNDRAISING COMMITTEE

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

NONE

Grid lines for organization name entry

Mailing Address

Grid lines for mailing address entry

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.

SOILEAU, JACQUE, , ,

Full Name

Grid lines for full name entry

Mailing Address

300 OVERLOOK DRIVE

Grid lines for mailing address line 1

BRANDON

MS

39042

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Grid lines for title or position entry

Telephone number

601

506

3347

Grid lines for telephone number entry

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).

SOILEAU, JACQUE, , ,

Full Name of Treasurer

Grid lines for full name of treasurer entry

Mailing Address

300 OVERLOOK DRIVE

Grid lines for mailing address line 1

BRANDON

MS

39042

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Grid lines for title or position entry

Telephone number

601

506

3347

Grid lines for telephone number entry

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.

COMMUNITY BANK

Mailing Address 1255 W GOVERNMENT STREET
BRANDON MS 39042
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address
CITY STATE ZIP CODE

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

FEC Form 1S (Revised 02/2017)

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

- 1. SOUTHERN STATES PAC
- 2.
- 3.
- 4.

- FEC ID number C C00778308
- FEC ID number C
- FEC ID number C
- FEC ID number C

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

[Empty text field for organization name]

Mailing Address [Empty text field]

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 [Empty text field]
Mailing Address [Empty text field]
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Telephone Number [Empty text field]

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. [Empty text field]
Mailing Address [Empty text field]
CITY ▲ STATE ▲ ZIP CODE ▲