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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	
Friends of Kellen				
ADDRESS (number and street)	209 Glen Cove Rd			
(Check if address is changed)	Suite 630			
is changedy	Carle Place		NY 11	514
	CITY ▲		STATE A	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	dsatterfield@hdafec.co	om		
	Optional Second E-Mail Add	dress		
COMMITTEE'S WEB PAGE ADD	www.kellencurry.com			
2. DATE 04 03	2023			
3. FEC IDENTIFICATION NU	JMBER ► C co	00836585		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th		of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasurer				
Signature of Treasurer Satter	field, David, , ,	[Electronically Filed]	Date 04	/ D D / Y Y Y Y 03 2023
NOTE: Submission of false, errone		may subject the person signing to		e penalties of 52 U.S.C. §3010
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	ontact:	FEC FORM 1 (Revised 06/2012)

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5. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) 🗴 This committee is a principal campaign committee. (Complete the candida	ate information below.)
(b) This committee is an authorized committee, and is NOT a principal camp information below.)	aign committee. (Complete the candidate
Name of Curry, Kellen, , , Candidate	
Candidate Office Party Affiliation REP Sought: House Sena	te President District 03
(c) This committee supports/opposes only one candidate, and is NOT an aut	
Name of Candidate	
Party Committee: (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 organiz	zation on line 6.) Its connected organization is a:
Corporation V/o Capital S	tock 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 committee. (i.e., nonconnected committee)	is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponse	or on line 6.)
(g) This committee is an independent expenditure-only political committee (Su	uper 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).

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.

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Write or Type Committee Name	
Friende of Kellen Curry	

Friends of Kellen Curry

6.	Name of Any Conne NONE	cted Or	rganization,	Affiliated	Committee,	Joint Fundraising	g Representative, or L	eadership PAC Sponsor
	Mailing Address							
					CITY 🔺		STATE 🔺	ZIP CODE
	Relationship: Con	nnected	Organization	Affilia	ited Organizat	tion 🚺 Joint Fun	draising 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.

Satterfield,	, David, , ,	
Full Name		
Mailing Address	228 S Washington Street	
	Suite 115	
	Alexandria VA 22314	
	CITY A STATE A ZIP	P CODE ▲
Title or Position ▼		
Treasurer	Telephone number	7705

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	Satterfield, David, , ,
of Treasurer	
Mailing Address	228 S Washington Street
	Suite 115
	Alexandria VA 22314
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Telephone number 703 - 549 - 7705

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Full Name of Designated Agent		
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.

	Chain Bridge Bank	
Mailing Address	1445A Laughlin Ave	
	McLean	VA 22101 -
	CITY 🔺	STATE ▲ ZIP CODE ▲
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY 🔺	STATE ▲ ZIP CODE ▲