

FEC FORM 1

STATEMENT OF ORGANIZATION

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2015 MAY -5 AM 7:52
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

C O M M I T T E E T O E L E C T L L O Y D K E L S O P R E S I D E N T

ADDRESS (number and street)

1 28 E A S T G A R R I S O N B L V D . S U I T E A

(Check if address is changed)

P O B O X 2 0 6 8

G I A S T O N I A

CITY ▲

N C

STATE ▲

2 8 0 3 3 - 2 0 6 5

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

l l o y d k e l s o @ y a h o o . c o m

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

N o n e a t t h i s t i m e

2. DATE 0 4 / 2 8 / 2 0 1 5

3. FEC IDENTIFICATION NUMBER ► C

4. IS THIS STATEMENT X 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 Debra Setzer Kelso

Signature of Treasurer *Debra Setzer Kelso*

Date 0 4 / 2 8 / 2 0 1 5

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)

PHON 1 8 0 0 4 2 4 9 5 3 0

Write or Type Committee Name

COMMITTEE TO ELECT LLOYD KELSO PRESIDENT

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

NONE

Mailing Address

Grid for mailing address, city, state, and zip code.

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

Grid for full name.

Mailing Address

Grid for mailing address, city, state, and zip code.

Title or Position

CITY

STATE

ZIP CODE

Grid for title or position.

Telephone number

Grid for telephone number.

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

DEBRASETZER, KELSO

Mailing Address

PO BOX 2065 GASTONIA NC 28053-2065

CITY

STATE

ZIP CODE

Title or Position

TREASURER? SECRETARY

Telephone number

Grid for telephone number.

NON-PARTISAN

Full Name of Designated Agent

NONE

Mailing Address

[Empty address fields]

Title or Position

[Empty title field]

Telephone number

[Empty telephone 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.

PARK STERLING BANK

Mailing Address

519 NEW HOPE ROAD, SOUTH
GASTONIA NC 28054

Name of Bank, Depository, etc.

not applicable

Mailing Address

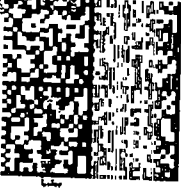
[Empty address fields]

UNION INDIA UNOH

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PHON: NNP: WENT
CHARLOTTE NC 282

30 APR 2015



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