

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 FOR CONGRESS

ADDRESS (number and street) 5221-A CLIFF GOOKIN BLVD

(Check if address is changed)

TUPELO

CITY ▲

MS

STATE ▲

38801

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

cnoble@atacpa.net

Optional Second E-Mail Address

fpage@atacpa.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.kellyformississippi.com

2. DATE

08 / 13 / 2020

3. FEC IDENTIFICATION NUMBER ▶

C C00573980

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 PAGE, FRED H, , ,

Signature of Treasurer

PAGE, FRED H, , ,

[Electronically Filed]

Date

08 / 13 / 2020

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 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 KELLY, JOHN TRENT, , ,

Candidate Party Affiliation REP Office Sought: House Senate President State MS District 01

- (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. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

KELLY FOR CONGRESS

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

GT FARM TEAM III

Mailing Address PO BOX 30844
 SUITE 401
 BETHESDA MD 20824
 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 PAGE, FRED H, , ,
 Mailing Address 5221-A CLIFF GOOKIN BLVD
 TUPELO MS 38801
 CITY STATE ZIP CODE
 Title or Position
 TREASURER Telephone number 662 - 842 - 1093

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 PAGE, FRED H, , ,
 Mailing Address 5221-A CLIFF GOOKIN BLVD
 TUPELO MS 38801
 CITY STATE ZIP CODE
 Title or Position
 TREASURER Telephone number 662 - 842 - 1093

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.

BANCORP SOUTH

Mailing Address

1 MISSISSIPPI PLAZA

TUPELO

MS

38804

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

WELLS FARGO BANK

Mailing Address

8302 WOODMONT AVENUE

BETHESDA

MD

20814

CITY

STATE

ZIP CODE